	en hammungen men en e	NUTRITIO	N SE	RVIC	:8 :			المراسية فتترجع	
Anreemerit Number 1997 1997 1997		100	Mon	h Ua	nuary.	100	Year	2000	k Amend
t sor Name DOPE					2+576+71				
Address1 3535VSt					2-576-61				
Address2 # # # # # # # # # # # # # # # # # #						risgni@ac.cov		on Gerioo.	
	State Like &	JZIP						ar mju s., Na selekt	
1. General Data	Lunch	Breakfast	SKI B	troole	act	Snack	Area Elig	IN C	a in artica chall
a, Number of Schools Participating	120				Section 1 Court of the last		AIUG LII		rack Zorowe
b. Number of days meals served	18	18.							
	THE PERSON NAMED IN COLUMN 2 I	10 1		11	7 4 6 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	4			
c. Enrollment	. 45 032	0846		411	•			36,0	
d, Total Monthly Attendance	3.767818 ·	Maximum I	Jays (if .	18	d. Average Da	illy		47449
e Number Approved for Free	26167	Meals Serv	CO .		10	Attendance			42105
f. Number Approved for Reduced	1447	Control by the state of the sta	had later the stand	(Ministrice or other	Angelle Herrichter America		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON	Project Constitution of the	adah da galampi adapatan ada
	Breakfast	419	SN	iric	11218	Brk Total	Lunch	Snáck	AE Sna
2. Student Lunch Participation and			1			11637	25906	0	8684
	Meals Served		Rat	771			L_SYSUY.	and production	
a Free	312798	X.	\$2		***************************************	******			
					المهالاين المشاعدة	\$810,146.82			
b Reduced c. Paid	37901	l X		9 =	- Arrival de la composición de la comp	\$83,003,19	ा गाउँक केंद्र (संदेशका) -		
1	415617	X	50.	6]=	مجيزيت ويتناد ويتناد	\$30,060,42	\$9:	23 <mark>,210</mark> .4	13 Subtot
d. Total Student Lunches	466316	line in the second							1 1 14 15 12 I
3. Student Breakfast Participation			,	in a second					
	Meals Served	Times	Rati	18					
a, Free	1668		\$17	0 =		\$2,335,20			and the second
b, Reduced	- 488868 S	X	\$1.7			\$941.60		ing and	iesa Alb
c. Pald	25017	X	\$0,			\$1,254.25		4 524)5 Subtot
Severe Need Breakfast	Meals Served	and the second s	Rate		······································			1123.10	
d Free	143803	X	Sid		(10) (10) (10) (10) (10) (10) (10) (10)	\$241,589.04			
e. Reduced	15655	X					Charletta Brotheland	AL MAX	100 00 00 00 00 00 00 00 00 00 00 00 00
i nid	42.457		81			\$21,603.90			191 1 (1811-14
		X	\$0,4	5 L E	عط بالأرانان الثان	\$10,614.25			9 Subtot
gotal Student Breakfasts 🚐 📜 🔀	209456			ir 413	+C14 34.90		\$21	8,338.	24 Brk Tot
4. Student Snacks Participation an									
	Meals Served		Rate		Control of the Contro				
á≽Free		X		1 =	ron i	\$0.00			an trig floor
b Reduced		X	\$0.	5 =		\$0,00		种物化	u ka fi
ć, Pald		7 % X	80.0	612		\$0.00	era i serve	Naz-2	
d Area Eligible Free	154513	l z X	80.7		****	\$109,704,23	tore some significant		
e. Total Student Snacks	154513				34 4 2 4	e a la l	¢11	90704	3 Subtota
5. TOTAL FUNDS RECEIVED THIS		Contract Contract			6 0594	EXPENDITUR			
a/Student Payments			Q	40.00	a, Food	FAN PICALIAL	FO 11110		
o Adult Payments						Anna or various and a second	<u> </u>	- S	1,213,139.
c. USDA Rayments (2+3+4)					b. Labor	Address of the Control of the Contro			\$985,965
	\$1 (1900)	311,252,90			 Other 	i kaipa marangan karan ini karangan kanan karangan an angga mangga mangga karangan karangga karangga karangga	المراجعة المساو	al and a	\$238,083.
d Other Receipts		ing diam'r.							
e. Total Received	<u>\$1</u>	,311,252,90			d. Total	Expenditures		\$	2,437,188.
	ellef this claim is	true and corre	al In al	respec	is, that rec	ords are available t	o supportith	is claim, t	hat it is in 🥼
certify that to the best of my knowledge and L		anatiwilibe fü	ily rest	onsible	for any ex	cess amounts whic	h may resul	from em	inedus or
accordance with the terms of existing Agreems	int(s); i recognize	A CANADA SA	1000						
accordance with the terms of existing Agreems reglectful reporting herein. I FURTHER CERTI	IFY THAT ALL C	LAIMS FOR RE	IMBU	RSEME	NT SHALI	BE SUBMITTED	OTHE STA	TEAGE	
accordance with the lems of existing Agreems neglectful reporting herein, I FURTHER GERTI 10TH DAY OF THE MONTH but noviater than t	IFY THAT ALL CI line legislatively m	LAIMS FOR RE landeted deadl	MBU ne al s	RSEME O days	NT SHALI affar tha ai	BE SUBMITTED od of the claim mon	(OTHE ST) the Lunderst	TE AGE	allure to subi
accordance with the lems of existing Agreems neglectful reporting herein. I EURTHER CERTI 10TH DAY OF THE MONTH but no later than t claims within the 60-day deadline may result in	IFY THAT ALL CI the legistatively m reuch claims not	LAIMS FOR RE landeted deadli being paid	ne of 6	0 days	affár (be ei	of the claim mon	th Lunderst	and that I	allure to subi
accordance with the lemis of existing Agreems neglectful reporting herein. I EURTHER CERTI 10TH DAY OF THE MONTH but-no-leter than t claims within the 60-day descline may result in All receipts, involces and other evidence of purel	IFY THAT ALL CI the legistatively m reach claims not hase must be retal	LAIMS FOR RE nandated deadl being paid ned and availab	nøjef 6 le for f	O days uture n	affar (be ei	id of the claim mon	th Lunderst	and that I	allure to subi
accordance with the lemis of existing Agreems neglectful reporting herein. I EURTHER CERTI 10TH DAY OF THE MONTH but-no-leter than t claims within the 60-day descline may result in All receipts, involces and other evidence of purel	IFY THAT ALL CI the legistatively m reach claims not hase must be retal	LAIMS FOR RE nandated deadl being paid ned and availab	nøjef 6 le for f	O days uture n	affar (be ei	id of the claim mon	th Lunderst	and that I	allure to subi
accordance with the lefms of existing Agreems neglectful reporting herein. I EURTHER CERTI 10TH DAY OF THE MONTH but no lefer than t claims within the 60-day deadline may result in All recoipts, invoices and other evidence of purel	IFY THAT ALL CI the legistatively m reach claims not hase must be retal	LAIMS FOR RE nandated deadl being paid ned and availab	nøjef 6 le for f	O days uture n	affar (be ei	id of the claim mon	th Lunderst	and that I	allure to subi
accordance with the Lerms of existing Agreems neglectful reporting herein. I FURTHER CERTI 10TH DAY OF THE MONTH but not later than to claims within the 60-day deadline may result in All receipts, tuybles and other evidence of purel of the final claims for the fiscal year to which the	IFY THAT ALL CI the legistatively m reach claims not hase must be retal	LAIMS FOR RE nandated deadl being paid ned and availab	nøjef 6 le for f	O days uture n	affar (be ei	id of the dislimmon period of three years progress:	th Eunderst	and that I	allure to subi
certify that to the best of my knowledge and be accordance with the terms of existing Agreems neglectful reporting Agreems. I FURTHER GERTH 10TH DAY OF THE MONTH but no later than to claims within the 60-day deadline may result in All recoipts, thyologs and other evidence of purel of the final claims for the fiscal year to which the print of the final claims of the fiscal year to which the print Name & 1 a thouland the final claims of the fiscal year to which the	IFY THAT ALL CI line legislatively m i such claims not hase must be retal y pertain, or longt	LAIMS FOR RE nandated deadl being paid ned and availab	nøjef 6 le for f	O days uture n	affar (be ei	id of the diglin, man period of three years progress.	th Eunderst	and that l	aliure to subl inal addinisti
accordance with the lemis of existing Agreems neglectful reporting herein. I FURTHER CERTI 10TH DAY OF THE MONTH but not later than t claims within the 90-day deadline may result in All receipts, tuypices and other evidence of purel of the final claim for the fiscal year to which the	IFY THAT ALL CI line legislatively m i such claims not hase must be retal y pertain, or longt	LAIMS FOR RE nandated deadl being paid ned and availab	nøjef 6 le for f	O days	affar (be ei	id of the dislimmon period of three years progress:	th Eunderst	and that l	aliure to subl inal addinisti
accordance with the Lerm's of existing Agreems neglectful reporting herein. I FUR THER CERT 10TH DAY OF THE MONTH but no later than to claims within the 60-day deadline may result in All recoipts, involves and other evidence of purel paths than claims for the fiscal year to which the	IFY THAT ALL CI line legislatively m i such claims not hase must be retal y pertain, or longt	LAIMS FOR RE Lanceted deadli being paid ned and availab End (Clated to a	nøjef 6 le for f	O days	affar (be ei	id of the diglin, man period of three years progress.	th Eunderst	and that l	aliure to subl inal addinisti
accordance with the lemis of existing Agreems neglectful reporting herein. I FUR THER CERTI TOTH DAY OF THE MONTH but not later than to claims within the 60-day deadline may result in All recoipts, involves and other evidence of purel of the final claims for the fiscal year to which the	IFY THAT ALL CI line legislatively m i such claims not hase must be retal y pertain, or longt	LAIMS FOR RE Lanceted deadli being paid ned and availab End (Clated to a	nøjef 6 le for f	O days	affar (be ei	id of the diglin, man period of three years progress.	th Eunderst	and that l	aliure to subl inal addinisti
accordance with the lemis of existing Agreems neglectful reporting hisrein. I FURTHER CERTI 10TH DAY OF THE MONTH but not later than talkims within the 60-day deadline may result in All recoipts, turpless and other evidence of purel of the final challens for the fiscal year to which the	IFY THAT ALL C the legistatively m i such claims not hase must be retal y pertain, or long tive:	LAIMS FOR RE nandated deadl being paid ned and availab	nøjef 6 le for f	O days	affar (be ei	id of the diglin, man period of three years progress.	in Lunderst attentions (VIII (16) zed Repre	and that l	aliure to subl inal addinisti



Agreement Number		and today and the first party of the second		Month				Year	2009	Amended
Sponsor Name	DCPS	The state of the s	in billingstig	Phone	20	2-576-74	00			
Ad 3s1	3535 V St.		The second second second	Fax	20	2-576-68	85			
Adu. Jss2	market in the second			EMail	da	vid goodr	nan@dc.gov=			
City	Control of the contro	State	ZIP					_		
1. General Data		Lunch	Breakfast	SN Bre	akf	ast	Snack	Area Elig	jible Sna	ck
a. Number of School	s Participating	121	11		11	0 4 2 4 2	to a track the same	a decima	95	
b. Number of days m	neals served	18	18		18				18	
c. Enrollment		45,026	3857		4111	69			36,308	
d. Total Monthly Atte	ndance	757788	Maximum E	Days of		40	d. Average Da	ailv		
e. Number Approved		27892	Meals Serv	•	İ	18	Attendance		4	2100
f. Number Approved	for Reduced	3236				·				
g. Average Daily Par	ticipation	Breakfast	462	SN Brk		12362	Brk Total	Lunch	Snack	AE Snack
2. Student Lunch P	articipation and	d Reimbursem	ent				12824	27865	0	9899
Lunch		Meals Served	Times	Rates				•		
a. Free		350765	X	\$2.59	=		\$908,481.35	1		
b. Reduced		40371	X	\$2.19	=		\$88,412.49]		
c, Paid		110425	X	\$0.26	=		\$28,710.50	\$1,0	25,604.34	Subtotal
d. Total Student Lund		501561				•				
3. Student Breakfas	t Participation		ement		_					
Regular Breakfast		Meals Served	Times	Rates	<u></u>			_		
a. Free		1953	X	\$1.40	=		\$2,734.20			
b. Reduced		884	Χ	\$1.10	=		\$972.40			
c. Paid		5477	Χ	\$0.25	=		\$1,369.25		5,075.85	Subtotal
Severe Need Breakt	fast	Meals Served	Times	Rates				-		
d. Free		165026	Χ	\$1.68	=		\$277,243.68			
e. Reduced		16925	Х	\$1.38	틸		\$23,356.50			,
<u>f. 1</u>		40558	Χ	\$0.25	=		\$10,139.50	\$3′	0,739.68	Subtotal
g. Total Student Brea		230823		ı				\$3′	5,815.53	Brk Total
4. Student Snacks F	Participation an				ı					
Snacks		Meals Served	Times	Rates				t		
a. Free			X	\$0.71			\$0.00			
b. Reduced			X	\$0.35	_		\$0.00			
c. Paid			X	\$0.06			\$0.00			
d. Area Eligible Free e. Total Student Snac		178185	X	\$0.71	==		\$126,511.35			
5. TOTAL FUNDS RI		178185			17	0.00011	EVERNETUE			Subtotal
a. Student Payments		MONTH					EXPENDITUR	ES THIS	Commence of the Commence of th	
b. Adult Payments					<u>-</u>	a. Food				231,738,21
c. USDA Payments (2)+3+ 1 /	¢1	467 D24 22			b. Labor c. Other			ALTERNATION AND PROPERTY OF STREET	155,973.08
d. Other Receipts	21314)	Φ 1,	467,931.22		-	3. Other			V	104,747.34
e. Total Received		¢1	467,931.22		ŀ,	d Total F	Evnandituraa		_ተ	400 450 60
I certify that to the best of	my knowledge and l	φι, helief this claim is	true and corre	of in all res	nact	s that roca	Expenditures	o cupport th	\$Z;	492,458.63
accordance with the terms	of existing Agreem	ent(s): I recognize	that I will be ful	lly respons	sible	for any exc	ess amounts whic	o support (i) h mav result	is ciaim, ma from errona	LILIS IN
neglectful reporting herein.	. I FURTHER CERT	TFY THAT ALL CL	AIMS FOR RE	IMBURSE	EME	NT SHALL	BE SUBMITTED	TO THE STA	ATE AGENO	Y BY THE
10TH DAY OF THE MONT	TH but no later than	the legislatively m	andated deadlii	ne of 60 da	ays a	after the end	d of the claim mon	th. I underst	and that fail	ure to submit
claims within the 60-day de										ŀ
All receipts, invoices and ot	her evidence of pure	hase must be retain	ied and availab	le for futu	re au	dits for a pe	eriod of three years	after the da	te of the fins	ıl submission
of the final claim for the fis	cal year to which the	ey pertain, or longe	r if related to a	ı audit or i	inves	tigation in p	rogress.			
		general state of section of the sect					Property of the Control of the Contr			
Print Name of Authori	ized Representa	ative				•	Title of Authori	zed Renre	esentative	
Land Street Street						L	or , identifi	Log riopic		
		erice and lines								
									A Committee of the Comm	
Signature of Authorize							Date of Prepar	ation		
NSLP Claim fo	or Reimburseme	ent (Revised 2/	05)			-				



Agreement Number	2 (delica della contra della copia	Month	M	arch		Year	2009	Amended
Sponsor Name	DCPS					2-576-74	90	7 001	I A V V	7 tinended
Adr :s1	3535 V St.	Schools German		Fax		2-576-68				
Add. Jos2				EMail			re@dc.gov			
City	Washington	State DC	ZIP	20018	[× ×					
1. General Data	<u> </u>	Lunch	Breakfast	SN Bre	akt	fast	Snack	Area Fli	gible Sna	ck
a. Number of School	s Participating	121	11		11	WWW. Company of the C			95	
b. Number of days m		47	17		1				17	
c. Enrollment		45,051	3867		******	84	expense (S.F.)	200000000000000000000000000000000000000	36,341	
d. Total Monthly Atter	ndance	716085	Maximum D				d. Average Da	ilv		
e. Number Approved		27944	Meals Servi	•		17	Attendance	All y	4:	2123
f. Number Approved		3268	INCOID COIV			1	/ ateridance		<u> </u>	
g. Average Daily Part		Breakfast	420	SN Brk	T	11233	Brk Total	Lunch	Snack	AE Snack
2. Student Lunch Pa				OIV DIK	<u> </u>	11200	11653	26543	0	9420
Lunch	artioipation and	Meals Served		Rates	1		11000	20343		9420
a. Free		320003	X	\$2.59	=		\$828,807.77	1		
b. Reduced		35327	X	\$2.19			\$77,366.13	1		
c. Paid		95901	X	\$0.26			\$24,934.26		34 409 46	Subtotal
d. Total Student Lunc	ches	451231		ψ0.20		l	Ψ 24 ,334.20	φυ	31,100.10	Subtotal
3. Student Breakfas		·	ement							
Regular Breakfast	er artiorpation	Meals Served	Times	Rates	l					
a. Free		1846	X	\$1.40	=		\$2,584.40	1		
b. Reduced		741	X	\$1.10	=		\$815.10			
c. Paid		4543	X	\$0.25	11		\$1,135.75	,	\$4 535 25	Subtotal
Severe Need Breakf	ast	Meals Served	Times	Rates		<u> </u>	Ψίγισσιγσ		ψ -1,000.20	Joubtotal
d. Free		143251	Х	\$1.68	==		\$240,661.68	1		
e. Reduced		14152	Χ	\$1.38	= :		\$19,529.76			
f. 3		33552	Х	\$0.25	=		\$8,388.00	\$2	68.579.44	Subtotal
g. i otal Student Brea	kfasts	198085					, -,			Brk Total
4. Student Snacks P			nent				,			1=111
Snacks		Meals Served	Times	Rates						
a. Free		er in the contract of the contract of	Х	\$0.71	=	•	\$0.00			
b. Reduced		Figure 1. Company of the Company of	X	\$0.35	=		\$0.00			
c. Paid	_		Х	\$0.06	=		\$0.00			
d. Area Eligible Free		160139	Х	\$0.71	=		\$113,698.69			
e. Total Student Snac	ks	160139						\$1 ¹	13,698.69	Subtotal
5. TOTAL FUNDS RE	ECEIVED THIS	MONTH				6. CASH	EXPENDITUR			
a. Student Payments						a. Food			\$	949,272.30
b. Adult Payments						b. Labor				269,729.32
c. USDA Payments (2	2+3+4)	\$1,	317,921.54		[c. Other				157,480.02
d. Other Receipts										
e. Total Received			317,921.54		Ŀ	d. Total E	Expenditures		\$2,	376,481.64
I certify that to the best of r accordance with the terms neglectful reporting herein. 10TH DAY OF THE MONT claims within the 60-day de All receipts, invoices and ot	of existing Agreems I FURTHER CERT IH but no later than eadline may result in ther evidence of pure	ent(s); I recognize IFY THAT ALL CL the legislatively ma n such claims not b hase must be retain	that I will be ful AIMS FOR RE andated deadlin being paid. and availabl	ly respons IMBURSE ne of 60 de	ible ME ays re at	for any exc NT SHALL after the end	ess amounts whic BE SUBMITTED If of the claim mon criod of three years	h may resul TO THE STA th. I undersi	t from errond ATE AGENC and that fall	eous or CY BY THE ure to submit
of the final claim for the fisc	cal year to which the	y pertain, or longe	r if related to ar	ı audit or i	nve					
		Security Control of the Control of t					Director of Sch	iool Oper	ations	The state of the s

Title of Authorized Representative

Date of Preparation

Signature of Authorized Representative

NSLP Claim for Reimbursement (Revised 2/05)

Print Name of Authorized Representative



Agreement Number		S INDER AND STATE	arvouranguese	Month	At	oril	an application of proceedings of the state o	Year	2009	Amended
Sponsor Name	DCPS					2-576-740	00-		12	
Adriness1	3535 V St.			Fax		2-576-68				
Ac ss2	min () () (A party Association			EMail			ie@DC.gov			
City	The second of th	State	ZIP							
1. General Data		Lunch	Breakfast	SN Bre	akt	fast	Snack	Area Eli	gible Sna	ck
a. Number of School	s Participating	121	11		11	AND DESCRIPTION OF THE PARTY OF	and a boundary service of the control of the contro	3.50 p. 1.1. 94		
b. Number of days m		19	19		19				19	
c. Enrollment		44,947	3837			65			35952	
d. Total Monthly Atte	ndance	802896	Maximum D)avs of			d. Average Da	lilv ilv	10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (
e. Number Approved		27739	Meals Servi			19	Attendance	<i>y</i>	42	2258
f. Number Approved		3301	1110010 00:11			[/ Mondance		1	
g. Average Daily Part		Breakfast	475	SN Brk	Г	11941	Brk Total	Lunch	Snack	AE Snack
2. Student Lunch Pa				OIVEIR		11041	12416	27564	0	6178
Lunch	artioipation and	Meals Served		Rates	1		12410	21004	<u> </u>	0110
a. Free		372630	X	\$2.59	=		\$965,111.70	İ		
b. Reduced		41495	X	\$2.19	=		\$90,874.05			
c. Paid		109582	X	\$0.26	=		\$28,491.32		9 <i>4 4</i> 77 07	Subtotal
d. Total Student Lunc	hes	523707		Ψ0.20	l	<u> </u>	Ψ20,431.32	ψ1,0	04,417.07	Subtotal
3. Student Breakfas			ement							
Regular Breakfast	t i ditiolpation	Meals Served	Times	Rates	I					
a. Free		2467	X	\$1.40	=]	\$3,453.80			
b. Reduced		1134	X	\$1.10	1 1		\$1,247.40			
c. Paid		5412	$\frac{\lambda}{X}$	\$0.25	11		\$1,353.00		EG 054 20	Subtotal
Severe Need Breakf	act	Meals Served	Times	Rates			φ1,333.00		\$0, 034.20	Subiolai
d. Free	age	172293	X	\$1.68	=		\$289,452.24	}		
e. Reduced		16655	X	\$1.38	11		\$22,983.90			
f. 'd		37921	X	\$0.25	=	· · · · · · · · · · · · · · · · · · ·	\$9,480.25	¢2	24 046 20	Subtotal
g. Jural Student Brea	kfasts	235882		Ψ0.20			ψυ,400.23			Brk Total
4. Student Snacks F			nent					ψ.,	21,910.00	DIK TOLAL
Snacks	artioipation an	Meals Served	Times	Rates						
a. Free		uzza za	X	\$0.71	= 1	·	\$0.00			
b. Reduced			$\frac{x}{x}$	\$0.35			\$0.00			
c. Paid		Maria Caracteria de la Car	X		=		\$0.00			
d. Area Eligible Free		117385	X		=		\$83,343.35			
e. Total Student Snac	rks	117385		ψυ. ι ι			400,040.00		22 2/2 25	Subtotal
5. TOTAL FUNDS RI					ſ	6 САЯН	EXPENDITUR			Subiotal
a. Student Payments	LOLIVED IIIIO					a. Food	EXI ENDITOR	LO IIIIO		887,642,31
b. Adult Payments		836(83)(18.1111)				b. Labor				146,332.97
c. USDA Payments (2	2+3+4)	\$ 1	495,791.01			c. Other				170.085.98
d. Other Receipts	2.0.1)	Ψ',	700,101.01		ŀ	0. 0.1101			Ψ	1750,000,00
e. Total Received		\$1	495,791.01		ŀ	d Total F	Expenditures		\$2.	204,061.26
I certify that to the best of	my knowledge and i			et in all res	pec	ts. that reco	rds are available to	o support th	is claim, tha	t it is in
accordance with the terms neglectful reporting herein.	of existing Agreement of ERT	ent(s); I recognize IFY THAT ALL CL	that I will be ful AIMS FOR RE	ly respons	ible ME	for any exc	ess amounts which BE SUBMITTED 1	h may resul TO THE ST	t from errone	eous or Y BY THE
10TH DAY OF THE MONT claims within the 60-day de	eadline may result in	ı such claims not b	peing paid.							
All receipts, invoices and of of the final claim for the fis								after the da	te of the fina	l submission
									And the second s	
NOT THE RESIDENCE OF THE PERSON OF THE PERSO		erejisien.				ŀ				

Title of Authorized Representative

Date of Preparation

Signature of Authorized Representative

NSLP Claim for Reimbursement (Revised 2/05)

Print Name of Authorized Representative



Signature of Authorized Representative
NSLP Claim for Reimbursement (Revised 2/05)

Government of the District of Columbia OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION NUTRITION SERVICES

Agreement Number	120		Month	Ma	ay		Year	2009	Amended
Sponsor Name DGPS		y dinama kudha	Phone		2-576-740				
Add 's1 3535 V St.			Fax	20	2-576-68:	35			
Ada s2	2215		EMail			ie@DC.gov==			
City Washington :	State DC	ZIP	20018		The second secon		1		
1. General Data	Lunch	Breakfast	SN Bre	akf	ast	Snack	Area Elic	jible Sna	ck
a. Number of Schools Participating	121	11000		11	Official transmiss	reis and the free breaking	Contain Contai	93	British Company
b. Number of days meals served	19	19		15		0		19	
c. Enrollment	45,232	3509		408	23	esperans On the as	The second secon	35680	representation of the second s
d. Total Monthly Attendance	803546	Maximum D)avs of	CBA WALL		d. Average Da	ilv		703.000
e. Number Approved for Free	27984	Meals Servi			19	Attendance	····y	42	2292
f. Number Approved for Reduced	3323				ļ	1,		I	
g. Average Daily Participation	Breakfast	391	SN Brk		11894	Brk Total	Lunch	Snack	AE Snack
2. Student Lunch Participation and				·		12285	26542	0	8893
Lunch	Meals Served		Rates	1					0000
a. Free	361043	X	\$2.59	=		\$935,101.37			
b. Reduced	40016	X	\$2.19	=		\$87,635.04			
c. Paid	103232	X	\$0.26	=		\$26,840.32	\$1.04	19 576 73	Subtotal
d. Total Student Lunches	504291		70.20			Ψ <u></u> ΖΟ,Ο 10.0 <u>Σ</u>	Ψ1,0-	10,010.10	Joantolai
3. Student Breakfast Participation		ement							
Regular Breakfast	Meals Served	Times	Rates	1					
a. Free	1911	X	\$1.40	==		\$2,675.40			
b. Reduced	931	X	\$1.10	=		\$1,024.10			
c. Paid	4579	X	\$0.25	=		\$1,144.75	-	1 8/4 25	Subtotal
Severe Need Breakfast	Meals Served	Times	Rates			ψ1,144.13		94,044.23	[Subtotal_
d. Free	172051	X	\$1.68	=1		\$289,045.68			
e. Reduced	16721	X	\$1.38	=		\$23,074.98			
f. F	37200	X	\$0.25	=		\$9,300.00	¢2′	24 420 66	Subtotal
g. Total Student Breakfasts	233393	^	ψ0.2.0			Ψ9,500.00			Brk Total
4. Student Snacks Participation an		nent				1	ψυΔ	20,204.31	DIK TOLAL
Snacks	Meals Served	Times	Rates						
a. Free	0	X	\$0.71	<u></u>]		\$0.00			
b. Reduced	0	X	\$0.35			\$0.00			
c. Paid	0	X	\$0.06	_		\$0.00			
d. Area Eligible Free	168973	X	\$0.71	=		\$119,970.83			
e. Total Student Snacks	168973		Ψ0.1 1			Ψ110,010.00	¢ 11	0 070 03	Subtotal
5. TOTAL FUNDS RECEIVED THIS				Γ	6. CASH	EXPENDITUR			Joubiolai
a. Student Payments				r	a. Food	EXI ENDITOR		20.000.000.000.000.000.000.000.000.000.	692,236,95
b. Adult Payments	And the second second second			-	b. Labor		_	***************************************	102,597.30
c. USDA Payments (2+3+4)	\$1.	495,812.47		-	c. Other				143,078.44
d. Other Receipts				ı	0. 011101			All and to the Andrews are at the name of the second of th	130,070/33
e. Total Received	\$1.	495,812.47		ı	d. Total E	Expenditures		\$2.5	937,912.69
I certify that to the best of my knowledge and			t in all res	pec	ts, that reco	rds are available t	support th	is claim, tha	titis in
accordance with the terms of existing Agreem	ent(s); I recognize	that I will be ful	ly respons	sible	for any exc	ess amounts which	h may result	from errone	eous or
neglectful reporting herein, I FURTHER CERT									
10TH DAY OF THE MONTH but no later than			ne of 60 da	ays a	after the end	d of the claim mon	th. I underst	and that fail	ure to submit
claims within the 60-day deadline may result in									
All receipts, invoices and other evidence of pure							after the da	te of the fina	d submission
of the final claim for the fiscal year to which the	y pertain, or longe	r it related to ai	i audit or i	inves	stigation in p	orogress.			[
			-			, Director of Ope	rafione		
						DATEOROL OF OAK	Manalia		
Print Name of Authorized Representa	tive				ľ	Title of Authori	zed Repre	esentative	

	The state of the s							La Cara Mila Caraca	

Date of Preparation



Signature of Authorized Representative

NSLP Claim for Reimbursement (Revised 2/05)

Government of the District of Columbia OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION NUTRITION SERVICES

Agreement Number				Month	Ju	ine		Year	2009	Amended
	DCPS	200 (100 M) (100 M) (100 M) (100 M)		Phone	20	2-576-740)O water also d		100000000000000000000000000000000000000	The second secon
Addmss1	3535 V St.		- military of the	Fax		2-576-683				
Adc s2	The state of the s			EMail	Je	sus.Aaurr	ie@DC.gov			
	Washington	State DC	ZIP	20018				1		
1. General Data		Lunch	Breakfast	SN Bre	akt	fast	Snack	Area Eli	gible Sna	ck
a. Number of Schools	Participating	121	9 - 115 - 5		11					The same care and the same of
b. Number of days me		11 21	11		1	MARKET AND DESCRIPTION OF SOME ASSESSED AND ASSESSED.	0		11	120 C 120 C
c. Enrollment		44,912	2719	(884-94-17)	ALVANO LYBRAS	97	0		24836	100 100 100 100 100 100 100 100 100 100
d. Total Monthly Atten-	dance	461920	Maximum [Days of		4.4	d. Average Da	ilv	_	
e. Number Approved f		28046	Meals Servi	•		11	Attendance	,	4	1993
f. Number Approved for	or Reduced	3294					L		<u></u>	
g. Average Daily Partic	cipation	Breakfast	171	SN Brk		9140	Brk Total	Lunch	Snack	AE Snack
2. Student Lunch Par		l Reimbursem	ent			·	9311	20577	0	6808
Lunch	 	Meals Served	Times	Rates		ļ		L	.I	1 0000
a. Free		160279	X	\$2.59	=		\$415,122.61			
b. Reduced		18644	Х	\$2.19	=		\$40,830.36			
c. Paid		47426	Х	\$0.26	11		\$12,330.76	\$4	68.283.73	Subtotal
d. Total Student Lunch	nes	226349					+ !- / - / - / - /	···· •	00,200	- Captotal
3. Student Breakfast	Participation :	and Reimburs	ement							
Regular Breakfast		Meais Served	Times	Rates						
a. Free		579	Х	\$1.40	=		\$810.60			
b. Reduced		266	X	\$1.10	=		\$292.60			
c. Paid		1033	Х	\$0.25	=		\$258.25		\$1.361.45	Subtotal
Severe Need Breakfa	ıst	Meals Served	Times	Rates					, 1,001110	Jountotal
d. Free		76316	Х	\$1.68	=		\$128,210.88			
e. Reduced		7883	Х	\$1.38	=		\$10,878.54			
f. F '		16339	Х	\$0.25	=		\$4,084.75	\$1	13 174 17	Subtotal
g. ادعا Student Break	fasts	102416					+ 1,0 - 1.1.			Brk Total
4. Student Snacks Pa			nent				ı	<u></u>	,	Din Total
Snacks		Meals Served	Times	Rates						
a. Free			Х	\$0.71	=		\$0.00			
b. Reduced		Capy of the specific and a state of the specific and the	Х	\$0.35	_		\$0.00			
c. Paid		The second secon	Х	\$0.06	=		\$0.00			
d. Area Eligible Free		74887	Х	\$0.71	=		\$53,169.77			
e. Total Student Snack	(S	74887					+30,100111	\$!	3.169.77	Subtotal
5. TOTAL FUNDS RE	CEIVED THIS I	MONTH			ſ	6. CASH	EXPENDITUR			Castola.
a. Student Payments						a. Food			Black and the second of the se	\$33,884.18
b. Adult Payments			La servicio de la companya de la com			b. Labor			A PAGE TO COME A LOT DE	\$49,691,58
c. USDA Payments (2+	+3+4)	\$	665,989.12		Ī	c. Other			A CONTROL OF THE PARTY OF THE P	Age of the control of
d. Other Receipts					ſ				Control of the Contro	
e. Total Received			665,989.12			d. Total E	xpenditures		· · · · · · · · · · · · · · · · · · ·	\$83,575.76
I certify that to the best of m	y knowledge and b	elief, this claim is	true and correc	t in all res	pec	ts, that reco	rds are available to	support th	is claim, tha	t it is in
accordance with the terms o	f existing Agreeme	ent(s); I recognize	that I will be ful	ly respons	ible	for any exce	ess amounts which	n may result	from erron	eous or
neglectful reporting herein. I	FURTHER CERT	IFY THAT ALL CL	AIMS FOR RE	IMBURSE	ME	NT SHALL	BE SUBMITTED T	O THE STA	TE AGENO	Y BY THE
10TH DAY OF THE MONTH claims within the 60-day dea				ie or 60 da	ıys a	aπer the end	of the claim mont	h. I underst	and that fail	ure to submit
				L. C C		111 6	7 1 6 (1		. 4.1	
All reccipts, invoices and othe of the final claim for the fisca	er evidence of purci I vear to which the	nase must pe retair v pertain, or longer	ed and available if related to an	le for futur Laudit or i	e au	idits for a pe	riod of three years	after the da	te of the fins	al submission
anna canani adi die ileda	your to stands they	, por ann, or longer	terated to al	. audit UF I	., v C2	agadon in þ	i vgi cas.			
	Mark the Association and Association	Account (and) (for the second of the second		•					Agent mages or and mages of the control of the cont	
										Continue de Contin
Print Name of Authorize	ed Represental	tive					Title of Authoriz	zed Repre	esentative	
		manufacture of a consequence of the consequence of				Par.			3/12mm	

Date of Preparation

Summer'09

Office of the State Superintendent of Education Wellness and Nutrition Services Free Summer Meals Program

Free Summer Meals Frogram
Claim for Reimbursement
Summer 2009

Instructions:

- Email the Claim for Reimbursement to :
- cardell.saunders(a)dc.gov
- Submit claim no later than the 10th of the month following the claim period.
- Retain a copy for your files.
- See Instructions tab for additional instructions.

***** Complete Highlighted Cells Only *****

	SECTION I	- SPONSOR I	NFORMATION	
Sponsor Name :	DC Public Sc	hools	Sponsor Numb	er) y ASS
<u> </u>	ral / Self Prep		Other / Ve	nded X
Claim Type (X): Original X	Original	Combined	Revised	Revisión #
Claim Month / Year :	June/Ju	ily/Aug 09	Number of Sites Reporting	: 44
Number of Operating Days:	e trakto n	31	Average Daily Attendance	
of Non-Eligible Meals from review	v: Brenkfask	Lanch	Suppers	Snack !
CAMPS ONLY - Average Daily At	THE STATE OF THE S			A
Contact Person :	Gyimah Chin		Phone Number :	202.442.5309
Email :	n 0	<u>Gyimah.C</u>	hin@do.gov	*

Second	i meais cannot ex	ceen 2 percent o	il iliği ilicəl	s served by meal Rural	Self Preperation		
Н)	Meal Type	First Meals	Second Meals	2nd Menis No More than 2%?	Total Meals	Reimbursement Rates	Total
TABLE (HIGH)	Breakfast :	0	w	YES	0	\$1.8150	\$0,00
3 5 1		0		YES	0	\$3,1825	\$0.00
ind.	Lunch:	0		YES	0	\$3.1825	\$0.00
	Supper :	0		YES	0	\$0.7525	\$0.00
	Snack:				ther / Vended		
a E	Meal Type	First Meals	Second Meals	2nd Meals No More than 2% 7	Total Meals	Reimbursement Rates	Total
TABLE (LOW)		70,158		YES	70,158	\$1.7800	\$124,881.2 <u>4</u>
E	Breakfast :	185,684		YES	185,684	\$3,1300	\$581,190.92
I	Lunch:			YES	0	83.1300	\$0.00
	Supper :	0	······································	YES	0	\$0.7350	\$0.00

I certify that the claim is correct and that records	are available	to support this c	daim.
--	---------------	-------------------	-------

Signifure of Authorized Representative

9-11-09 Date

Ruth Wright Contract MANAGER MPS-FNS
Printed Name & Title of Authorized Representative

Updated: 01/09 CDD

* * *

Government of the District of Columbia OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION NUTRITION SERVICES

Agreement Number				Month				Year	2009	Amended
	DCPS		awawa			2,576.740				
Address1	3535 V ST. NE	. I who				2.576.683				
Address2	* 1000				Gy	imah.Chi	n@dc.gov			
City	Washington	State DC	ZIP	20018			1-PANIE			
City 1. General Data		Lunch	Breakfast	SN Bre	akf	ast	Snack	Area Elig	gible Sna	ck
a. Number of School	s Participating	121	11		11		0		85	
b. Number of days m		26	26		26)	Û		26	747
c. Enrollment	,	44008	3385		106	23	0	28012) u
d. Total Monthly Atte			Maximum D			26	d, Average Da Attendance	ıil y	41	1148
e. Number Approved	for Free	29074	Meals Serv	ice			Attendance		<u> </u>	
f. Number Approved		2800		CN Date		40007	Delc Testes	Lusah	Snack	AE Snack
g. Average Daily Par		Breakfast	316	SN Brk		120 9 7	Brk Total	Lunch 26885	0	6872
2. Student Lunch P	articipation and		leur .		1		12413	40000	<u> v</u>	0012
Lunch		Meals Served		Rates			** *** ***	1		
a. Free		484321	X	\$2.70	=		\$1,307,666.70			
b. Reduced		45879	X	\$2,30	=		\$105,521.70	***		[
c. Paid		168820	Х	\$0.27	=		\$45,581 <u>,40</u>	<u>\$1,4</u>	58,769.80	Şubtotal
d. Total Student Lunc	ches	699020	4444							
3. Student Breakfas	t Participation									
Regular Breakfast		Meals Served		Rates				i		
a, Free		2146	Х	\$1.46	=		\$3,133. <u>1</u> 6			
a, Free b. Reduced		616	X	\$1.16	=		\$714.56			
c. Paid	,	5437	X	\$0,26	11		\$1,413.62		55,261.34	Subtotal
Severe Need Break	fast	Meals Served	Times	Rates						
d. Free		231488	X	\$1.74	=		\$402,789.12			
e. Reduced	1-7-1-1-1	19207	X	\$1.44	=		\$27,658.08			
f. Paid		63805	Х	\$0.26	=		\$16,589.30	\$44	17,036,50	Subtotal
g. Total Student Brea	kfasts	322699	1 10					\$45	2,297.84	Brk Total
4. Student Snacks F	articipation ar		ment	[•			
Snacks		Meals Served	Times	Rates						
a. Freè		III M Sec	Х	\$0.74	=		\$0.00			
b. Reduced		1.0	X	\$0.37			\$0.00			
c. Paid			X		=1	•,; =	\$0.00			
d, Area Eligible Free	1 4 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	178672	$\frac{\hat{\mathbf{x}}}{\hat{\mathbf{x}}}$		=		\$132,217.28			
e. Total Student Snac	-ke	178672	10000	<u> </u>			<u></u>	\$12	2.217.28	Subtotal
5. TOTAL FUNDS R					ſ	6 CASH	EXPENDITUR			
a. Student Payments			صانحاش د ۱۰			a. Food				593,643.23
b. Adult Payments						b. Labor				224,156.80
c. USDA Payments (2+3+4)	\$2	043,284.92			c. Other	,		14.114.0	147,349.14
d. Other Receipts	<u>- · · · · · </u> /	72	- 10,207.06		ŀ					- 3.8.35
e. Total Received		\$2	043,284.92		ŀ	d Total i	expenditures		\$2.5	965,149,17
I certify that to the best of	my knowledge and	belief, this claim is	true and come	ect in all re	SDE:	cts. that rec	ords are available	to support t		
accordance with the terms	of existing Agreem	ent(s): I recognize	that (will be fo	ully respor	isibb	e for any ex	cess amounts whi	ch may rest	alt from erro	neous or
neglectful reporting herein	, I FURTHER CERT	TIFY THAT ALL C	LAIMS FOR R	EIMBURS	EM	ENT SHAL	L BE SUBMITTED	TO THE S	TATE AGEI	NCY BY THE
10TH DAY OF THE MON	TH but no later than	the legislatively n	randated deadl	ine of 60 c	Jays	after the er	nd of the claim mo	nth, I under	stand that fa	illure to submit
claims within the 60-day d								7818VII	. yz szemnyel	
All receipts, invoices and ot the final claim for the fiscal	her evidence of pure I year to which they	hase must be retain pertain, or longer i	ed and availabl Frelated to an a	e for fatur sudit or in	e øu- vesti	dits for a per gation in pr	riod of three years (ogress.	after t he dat	e of the final	submission of
All a l	· -	T T				· I	L- 1	E 6-4	<u> </u>	
りでいれた	Mr. Co					<u> </u>	EXECTAP	<u>57 L)</u>	ROD	<i>3/L</i>
Print Name of Author	zed Representa	ative				Ī	Title of Authori	zed Repre	esentative)
						ė. 				- 10

Signature of Authorized Representative

11.14.13.13.13			NUTRITIO					Year	2009	Amended	
Agreement Number	r .			Month	UC	toper		roai _	12002	, , <u>, , , , , , , , , , , , , , , , , </u>	
Sponsor Name	DC Public Sch	ools	·,·			2.576,740		4			
Address1	3535 V ST NE			Fax	202	2,576.68	35				
Address2	,				<u>GY</u>	IMAH CI	HIN@DC.GOV	il			
City	Washington	State DC	ZIP	20018	-		<u> </u>				
1. General Data	11.00	Lunch	Breakfast	SN Bre			Snack	Area Eli		ack	
a. Number of School	ols Participating	122	10		11	1 <u> </u>	0		85	Haraman I and I waster	
b. Number of days	moole served	20	20		20)	0	20			
	Illodia servoa	44006	3456	d	05	50	0	.	30401		
c. Enrollment		822912	Maximum C	lave of	Ť		d. Average Da	aily	41146		
d. Total Monthly Att	tendance				l	20	Attendance	•	'	+11-40	
e. Number Approve	ed for Free	28649	Meals Serv	<u></u>	!		17 111111111111111111111111111111111111	-)-			
f. Number Approve	d for Reduced	2765	25.00	SN Brk	,,	12211	Brk Total	Lunch	Snack	AE Snack	
g. Average Daily Pa	articipation	Breakfast	273	SIA DIK		12211	12484	27437	0	8756	
2. Student Lunch	Participation and	l Reimbursen	<u> jent</u>		ı		1,2404	21701	<u> </u>		
Lunch		Meals Selven	1111169	Rates			64 000 70E 00	7			
a. Free		404717	<u> </u>	\$2.70	=		\$1,092,735,90				
b. Reduced		34753	Х	\$2,30	=		\$79,931.90		00 460 E	4 Subtotal	
c. Paid	. , , , , , , , , , , , , , , , , , , ,	109262	X	\$0.27	Ξ.		\$29,500,74	<u>) \$1,2</u>	U <u>4, 160.</u>	4 Subtotal	
a Total Student Lu	nches	548732		ľ							
3. Student Breakf	et Participation	and Reimbur	sement								
3, Student Breaking	r got f. di natbămair	Meals Served	Times	Rates]			·			
Regular Breakfasi		1197	X	\$1.46	=		\$1,747.62				
a. Free		406	X	\$1.16			\$470.96	<u> </u>		100	
b. Reduced		3849	X	\$0.26	JI.	1	\$1,000,74	¥I	\$3,219.3	2 Subtotal	
c. Paid		Meals Served		Rates		L.,					
Severe Need Brea	ikiast		X	\$1.74	╘		\$331,809.30	5			
d, Free		190695	X	\$1.44			\$21,683.52				
e, Reduced		15058	 	\$0.26	=	 	\$9,998.50		63,491.	88 Subtotal	
f. Paid		38456	 ^ -	40.20	Щ.		<u> </u>	\$3	66.710.7	70 Brk Total	
g. Total Student Br	eakfasts	249661		7							
4. Student Snack	s Participation a	nd Reimburse	ment	Huton.	1						
Snacks		Meais Served	111169	Rates		1	\$0.0	.			
a. Free		0	X	\$0.74			\$0.0				
b. Reduced			X	10 10 147	=		line little litt	_			
c, Paid	IAV. B		X	\$0.06			\$0.0				
d. Area Eligible Fre	20	175126	X	\$0.74	=		\$129,593.2	41	100 E02 1	24 Subtotal	
week die 1 of the college on the City		175126	"	•							
5. TOTAL FUNDS	RECEIVED THE]	_			H EXPENDITU	RES THE	SWONT	7 204 406 76	
				7		a. Food				1,421,495,75	
a, Student Paymer		,		7		b. Labo	<u>r</u>	<u>.</u>		1,341,680.63	
b. Adult Payments	- (C) (C) (A)	\$1	,698,472.48	3		c. Other	<u>r</u>			\$189,329.56	
c. USDA Payment	s (2+5+4)	· · · · · · ·	10001111	4							
d, Other Receipts			,698,472.4	a l		d. Tota	Expenditure	5		<u>2,952,505.94</u>	
e. Total Received					resp	12-1-		de to cunhol	rt this claim	ı, that it is in	
I certify that to the bes accordance with the te	tof my knowledge an	g peller, una ciano mantis): Litacognio	ze that I will be	fully respo	nsl	ble for any	excess amounts v	vhich may re	esult from 6	emoneous or Concor by The	
accordance with the te neglectful reporting he	ema i cubther CEI	RTIFY THAT ALL	GLAIMS FOR	REIMBUR	SE	MENT SHA	LL BE SUBMITT	ED TO THE	SIAICA Iomiosed the	et fellera in stihm	
1 B 137 OF THE M	CNITH NUMBER 18191 IDS	10 FUG (67)(9)(4)(1,44)	HIGHWAY AV	dline of 60) da	ys after the	end of the dialm i	montn. i uno	មេនេះនោក បា	at letthre to see.	
claims within the 60-da	av deadline may resul	t in such claims no	st being paid.						lain arthur f		
			charl and avails	ble for futi	ire n	indits for a	period of three yea	rs after the t	iate of the l	HILL SHOUMESHING O	
All receipts, involves an the final claim for the f	is other existince of his iscal year to which the	y pertain, or longe	r If related to a	n audit or i	mye	stigation in	progress.				
the must clarm for the r	man lent to tomas and						Managemer	4 S Brone	ám Anák	/sis Officer	
Samuel Company of the	77.		•				Managemen	<u> </u>	erri varion		
17 101A L	<u>LIKOLEN</u>						Title of Auth	orized Re	presenta	tive	
Print Name of Aut	horized Represer	itative					Treated No. 5 (2014)				
									-, -	· · · · · · · · · · · · · · · · · · ·	

Signature of Authorized Representative

Date of Preparation



Agreement Number	.	***	NOTKITIO		_	ovember	· · · · · · · · · · · · · · · · · · ·	Year	2009	Amended
Sponsor Name	DC PUBLIC S	CHOOLS	<u> </u>			2.576.74		I Cai	12000	Amended
Address1	3535 V ST NE	CHOOLS		Fax	_	2.576.68		-		l
; ess2	9090 V 31 IVE			EMail	_		in@DC.Gov	1		
	Washington	State DC	ZIP	20018	ربرا	/IIIIaii.Oii	П <u>СВОС.90V</u>	1		
City 1. General Data	wasnington	Lunch	Breakfast	SN Bre	o ki	Foot	Snack	Aros El	igible Sna	ok.
a. Number of School	No Dortininatina	122	10	SN DIE	11		O O	Alea El	1 <u>91016 3118</u> 85	IGK
		18	18		18		0		18	· .
b. Number of days in c. Enrollment	rieais seiveu		3464		406		0		28157	
		44125			100	01		<u> </u>	70101	
d. Total Monthly Att		742623	Maximum E	•		18	d. Average Da	ally	4	1257
e. Number Approve		28564	Meals Serv	ice			Attendance		ŀ	
f. Number Approved		2778					<u></u>		To (1
g. Average Daily Pa	irticipation	Breakfast	289	SN Brk		12789	Brk Total	Lunch	Snack	AE Snack
2. Student Lunch I	Participation an				1		13078	27838	0	9271
Lunch		Meals Served		Rates		1		1		
a. Free		370283	X	\$2.70			\$999,764.10			
b. Reduced		33277	Х	\$2.30	_		\$76,537.10			
c. Paid		97526	Х	\$0.27	=		\$26,332.02	\$1,1	02,633.22	Subtotal
d. Total Student Lur		501086								
3. Student Breakfa	st Participation	and Reimbur	sement							
Regular Breakfast		Meals Served	Times	Rates						
a. Free		1097	Х	\$1.46	=		\$1,601.62			
b. Reduced		447	Х	\$1.16	==		\$518.52			
c. Paid		3641	Х	\$0.26	=		\$946.66		\$3,066.80	Subtotal
Severe Need Breal	kfast	Meals Served	Times	Rates						
d. Free		180397	Х	\$1.74	II		\$313,890.78			
e. Reduced		14603	Х	\$1.44	Iİ		\$21,028.32			
f ^p aid		35189	Х	\$0.26	11		\$9,149.14	\$3	44,068.24	Subtotal
اد علام stal Student Bre	akfasts	235374						\$3	47,135.04	Brk Total
4. Student Snacks	Participation as	nd Reimburse	ment				!			
Snacks		Meals Served	Times	Rates						
a. Free			Х	\$0.74	=		\$0.00			
b. Reduced			Х	\$0.37	=		\$0.00			
c. Paid			Х	\$0.06		····································	\$0.00			
d. Area Eligible Free	<i>j</i>	166870	X	\$0.74	=		\$123,483.80			
e. Total Student Sna		166870		+			γ 1ο ₁ 1.οο1οο	\$1	23.483.80	Subtotal
5. TOTAL FUNDS F					Γ	6. CASH	EXPENDITUR			
a. Student Payment						a. Food				104,998.26
b. Adult Payments						b. Labor	·············			183,153.25
c. USDA Payments	(2+3+4)	\$1.	573,252.06			c. Other				180,637.93
d. Other Receipts	(2:0:1)				ľ	0. 0 4.0.			<u></u>	,
e. Total Received		\$1	573,252.06		l	d. Total	Expenditures	·	\$2.	468,789.44
I certify that to the best o	f my knowledge and			ct in all re				to support		
accordance with the term										
neglectful reporting herei	n. I FURTHER CER	TIFY THAT ALL C	LAIMS FOR R	EIMBURS	EM	ENT SHAL	L BE SUBMITTED	TO THE	STATE AGE	NCY BY THE
10TH DAY OF THE MON				ine of 60	days	after the e	nd of the claim mo	nth. I unde	rstand that fa	ailure to subm
claims within the 60-day	deadline may result i	in such claims not	being paid.							
All receipts, invoices and o								after the da	te of the final	submission of
the final claim for the fisc	al year to which they	pertain, or longer	if related to an a	audit or in	vesti	igation in pı	ogress.			
etoriu.				,) 0.50
12 m 12	0-70-01						Management a	and Prog	<u>ram Analy</u>	sis Officer
	2-2010-201	otis co					Title of Authori	zod Don	rocontotiv	
Print Name of Author	inzea kepresent	auve					Title of Authori	zeu Kep	resentative	,
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		-				1				10/4//0000
MOON	10000	,						-		<u>12/14/2009</u>
Signature of Authori	zed Renresentat	ive					Date of Prepar	ation		
orginature of Authori	zeu representat	14.0					Date of Liebai	GUOIL		



Agreement Number		Month	De	ecember		Year		Amended		
Sponsor Name	DCPS					2.576.74	00		<u></u>	*
Address1	3535 V ST NE			Fax		2.576.68		1		L
ess2	JUDG V DI INE			EMail			@dc.gov			
City	Washington	State DC	ZIP	20019	122	nc).y ajvime	1	J		
1. General Data	washington	Lunch	Breakfast		21/1	fact	Snack	Aroa Eli	gible Sna	ck
a. Number of School	a Darticipatina	122	10	ON DIE	11		0	Alea Lii	85	ick
				****	1;		0		13	
b. Number of days m	ieais served	13	13				0			
c. Enrollment		44136	3464	1.11	100	72		l	35035	
d. Total Monthly Atte		536473	Maximum E	•		13	d. Average Da	aily	4	1268
e. Number Approved		28536	Meals Serv	ice			Attendance			
f. Number Approved		2773								
g. Average Daily Par	ticipation	Breakfast	287	SN Brk		12218	Brk Total	Lunch	Snack_	AE Snack
2. Student Lunch P	articipation an	d Reimbursen	nent				12505	27523	0	9373
Lunch		Meals Served	Times	Rates						•
a. Free		265663 /	, X	\$2.70	=		\$717,290.10			
b. Reduced		24344	/ X	\$2.30	=		\$55,991.20			
c. Paid		67789 /	/ X	\$0.27	=		\$18,303.03	\$79	91,584.33	Subtotal
d. Total Student Lune	ches	357796 🗸					· · · · · · · · · · · · · · · · · · ·			
3. Student Breakfas			sement							
Regular Breakfast		Meals Served		Rates						
a. Free		880	X	\$1.46			\$1,284.80			
b. Reduced		313	X	\$1.16			\$363.08			
c. Paid		2531	X	\$0.26			\$658.06		10 205 GA	Subtotal
Severe Need Break	Fact	Meals Served	Times	Rates			ψ030.00	······	72,000.04	Joubiotai
d. Free	idSt	125219	X	\$1.74	╗	•	\$247 994 0G			
			$\frac{\hat{x}}{x}$	\$1.44			\$217,881.06			
e. Reduced		10322	X				\$14,863.68	ው	200.00	10
f. Paid	1.56-	23289		\$0.26	=		\$6,055.14			Subtota!
stal Student Brea		162554	4	1				\$24	11,105.82	Brk Total
4. Student Snacks F	articipation ar			D - 4						
Snacks		Meals Served	Times	Rates			20.00			
a. Free		0	X	\$0.74			\$0.00			
b. Reduced		0	Х	\$0.37	_		\$0.00			
c. Paid		0	Х	\$0.06			\$0.00			
d. Area Eligible Free		121855	Χ	\$0.74	=]		\$90,172.70			
e. Total Student Snac		121855			r					Subtotal
5. TOTAL FUNDS R	ECEIVED THIS	MONTH		ı		<u>6. CASH</u>	EXPENDITUR	ES THIS		
a. Student Payments						a. Food				031,850.42
b. Adult Payments					Į	b. Labor				383,623.60
c. USDA Payments (2+3+4)	\$1,	122,862.85			c. Other			\$	204,684.27
d. Other Receipts										
e. Total Received			122,862.85		[d. Total I	Expenditures			620,158.29
I certify that to the best of					spe	cts, that rec	ords are available			
accordance with the terms										
neglectful reporting herein										
10TH DAY OF THE MON' claims within the 60-day d				ine or ou	aays	s anter the e	nd of the claim mo	nın. ı under	stand that is	andre to submit
	· · · · · · · · · · · · · · · · · · ·							<i>C</i>	.C.11 .C	
All receipts, invoices and ot								atter the dat	e of the final	submission of
the final claim for the fiscal	i year to which they	pertain, or tonger	n related to AD 2	auun UF ID	v est	igation in bi	ogress.			
			•				,			
Print Name of Author	ized Representa	ative					Title of Authori	zed Repr	esentativ	е
						1		,		
24	: <u> </u>									
Signature of Authoriz	ed Representat	ive					Date of Prepar	ation	· · · · · · · · · · · · · · · · · · ·	



Agreement Number	(Samuran V. V. V. Jee)	i i i i i i i i i i i i i i i i i i i			Ja	n	N. Y. 1. 1. 1. 1.	Year	2010	Amended
Sponsor Name			图 1000000000000000000000000000000000000	Phone				ŀ .	,	
Address1				Fax] . `		
Address2				EMail				1		
City		State	ZIP							
1. General Data		Lunch	Breakfast	SN Bre	ak	fast	Snack	Area Elic	gible Sna	ck
a. Number of School	s Participating	122	- 10	ar was something	11	2	Ō		85	
b. Number of days m	eals served	18 -	418	3.00	1		0		18	
c. Enrollment		44128	3460		106	67	7 0		34967	
d. Total Monthly Atte	ndance	742674	Maximum E	485 Marian 12	o de la com		d. Average Da	ilv	1	
e. Number Approved		28366	Meals Serv			18	Attendance	···y	41	1260
f. Number Approved			MOCHO COTY	100			/ Attendance		!	<u> </u>
g. Average Daily Par		Breakfast	299	SN Brk	_	11976	Brk Total	Lunch	Snack	AE Snack
2. Student Lunch Pa				OLY DIK		11070	12275	27552	0.	9249
Lunch	ATTO PULION ON	Meals Served		Rates			IZZIO	21002	<u>.</u>	0243
a. Free		366707	X	\$2.70	ш		\$990,108.90			
b. Reduced		34086	X	\$2.30			\$78,397.80		4	-
c. Paid		95142	X	\$0.27	11		\$25,688.34	\$4.00	24 105 04	Subtotal
d. Total Student Lunc	hes	495935	1	Ψ0.27		L	Ψ20,000.04	Ψ1,03	74,133,04	Subtotal
3. Student Breakfas			Rement	1.						•
Regular Breakfast		Meals Served		Rates						
a. Free	·	1218	X	\$1.46	=		\$1,778.28	•		
b. Reduced		527	X	\$1.16			\$611.32		•	
c. Paid		3621	X	\$0.26			\$941.46		2 224 06	Subtotal
Severe Need Breakf	ast	Meals Served	Times	Rates			Ψ941,40	, ,	00,001.00	Subtotal
d. Free		169401	X	\$1.74	=		\$294,757.74			
e. Reduced		13951	X	\$1.44	=		\$20,089.44			
f Paid		32203	X	\$0.26	=		\$8,372.78	¢ንኅ	22 240 06	Subtotal
g. Total Student Brea	kfasts	220921		Ψ0.20		·	Ψυ,υι ε.ι υ			Brk Total
4. Student Snacks P			ment		•			402	.0,001.02	DIK TOTAL
Snacks	and the state of t	Meals Served	Times	Rates						
a. Free		1110410 001104	X	\$0.74	=		\$0.00			
b. Reduced			X	\$0.37			\$0.00			
c. Paid			X	\$0.06			\$0.00		1 2	
d. Area Eligible Free		166484	X		=		\$123,198.16			
e. Total Student Snac	:ks	166484		Ψ ,			ψ120,100.10		2 100 16	Subtotal
5. TOTAL FUNDS RE						6 CASH	EXPENDITUR			Subtotai
a. Student Payments						a. Food	EXPENDITOR	LO IIIIO		759,175.05
b. Adult Payments						b. Labor				138,300.93
c. USDA Payments (2	7+3+4)	\$1	543,944.22			c. Other				70,921.52
d. Other Receipts		Ψ')	J-10,5-1-EE			y. Othor			<u> </u>	170,521.52
e. Total Received		\$ 1	543,944.22			d. Total F	Expenditures		42.6	068,397.50
I certify that to the best of a accordance with the terms neglectful reporting herein. 10TH DAY OF THE MONT claims within the 60-day de	of existing Agreem I FURTHER CER 'H but no later than	belief, this claim is ent(s); I recognize IFY THAT ALL C the legislatively m	true and corre that I will be fu LAIMS FOR R nandated dead	illy respor EIMBURS	spe sibi EM	cts, that rec e for any ex ENT SHALI	ords are available cess amounts whi L BE SUBMITTED	ch may rest TO THE S	his claim, th ult from erro TATE AGEI	at it is in neous or NCY BY THE
All receipts, invoices and otl the final claim for the fiscal	ter evidence of pure year to which they	hase must be retain pertain, or longer i	ed and availabl f related to an	e for futur audit or in	e au vest	dits for a per igation in pr	riod of three years : ogress.	after the dat	e of the final	submission of
Print Name of Authori	zed Represent	ative					Title of Authori	zed Rept	esentative	13.2 - 14.1 14.1 - 14.1 14.1 - 14.1
			•			· L				<u> </u>
							100 km 110 110 110 110 110 110 110 110 110 11			
Signature of Authorize	ed Representat	ve [•			ſ	Date of Prepar	ation		



22. 4 262. 390. 346. 84. ast bursem Served. 174. 114.	10 14 3465 Maximum E Meals Serv 268 tent Times	Month Phone Fax EMail 20018 SN Bre Days of ice SN Brk Rates	20 20 20 Je akt 11 10 107	bruary 2:576,74(2:576,68: ffrey Mills ast 2	Snack D O d. Average Da Attendance		gible Sna 85 14 34967 4	1385
22. 4 262 390 346 84 ast bursem Served 174 44	Breakfast 10 14 3465 Maximum D Meals Serv 268 Bent Times X	Phone Fax EMail 20018 SN Bre Days of ice SN Brk Rates	20 Je akt 11 12 107	2.576.74(2.576.68: ffrey.Mills fast 2 (97	Snack D O d. Average Da Attendance	Area Eli	gible Sna 85 14 34967 4	nck 1385
22. 4 262 390 346 84 ast bursem Served 174 44	Breakfast 10 14 3465 Maximum D Meals Serv 268 Bent Times X	Fax EMail 20018 SN Bre Days of ice SN Brk Rates	20 Je akt 11 12	2.576,68: ffrey Mills fast 2 1 97	Snack D O d. Average Da Attendance	aily	85 14 34967 4	1385
22. 4 262 390 346 84 ast bursem Served 174 44	Breakfast 10 14 3465 Maximum D Meals Serv 268 Bent Times X	EMail 20018 SN Bre 20 Days of ice SN Brk Rates	Je akt 11 12 107	ffreysMills fast 2 7 97	@dc.gov Snack 0 0 0 d. Average Da Attendance	aily	85 14 34967 4	1385
22. 4 262 390 346 84 ast bursem Served 174 44	Breakfast 10 14 3465 Maximum D Meals Serv 268 Bent Times X	20018 SN Bre Days of ice SN Brk	akf 11 12 107	fast 2 97 14	Snack 0 0 c d. Average Da Attendance	aily	85 14 34967 4	1385
22. 4 262 390 346 84 ast bursem Served 174 44	Breakfast 10 14 3465 Maximum D Meals Serv 268 Bent Times X	Oays of ice SN Brk	11 14 107	97	0 0 0 d. Average Da Attendance Brk Total	aily	85 14 34967 4	1385
22 4 4 262 390 346 84 ast bursem Served 174 44	10 14 3465 Maximum E Meals Serv 268 tent Times	Days of ice	11 14 107	97	0 0 0 d. Average Da Attendance Brk Total	aily	85 14 34967 4	1385
4 262 390 346 84 ast bursem Served 174 414	14 3465 Maximum E Meals Serv 268 sent Times X	Oays of ice SN Brk Rates	14 107	97 14	0 0 d. Average Da Attendance Brk Total		34967 4	
262 390 346 84 ast bursem Served 174 14	3465 Maximum I Meals Serv 268 ent Times X	Oays of ice SN Brk Rates	07	97 14	d. Average Da Attendance Brk Total		34967 4	
390 846 84 ast bursem Served 174 114	Maximum E Meals Serv 268 ent Times X	Days of ice SN Brk Rates	Tomas of Van	14	d. Average Da Attendance Brk Total		4	
84 ast bursem Served 174 142 266	268 sent Times	SN Brk Rates			Attendance Brk Total		L	
84 ast bursem Served 174 414	268 nent Times	SN Brk Rates		11440	Brk Total	Lunch	Snack	
ast bursem Served 174 114	rent Times X	Rates		11440		Lunch	Snack	
oursem Served 174 14	rent Times X	Rates		11440		Lunch	LMDACK	1 A P O 1.
Served 174 14 166	Times X				44700	00047	T	AE Snack
174 143 e 66	Х				11708	26347	0	9415
145 B. 66		00.70	$\overline{}$		ATO 460 DO	i	f	
66		\$2.70	=	· · · · · · · · · · · · · · · · · · ·	\$732,169.80	A) (1)	s xcc/	15
and the second second	X	7-7-	픠		\$58,452.20			Martin de la companya della companya della companya de la companya de la companya della companya
	Χ	\$0.27	=		\$19,511.82	\$8	10,133.82	Subtotal
B54								
imburs								
Served	Times	Rates						
3	X	\$1.46	=		\$1,332.98			
Herein City Control			\rightarrow					
			=		\$637.26		2,405.24	Subtotal
				·			i	
			$\overline{}$:	
								<u></u>
	X	\$0.26	=		\$6,322.16	\$23	9,637.44	Subtotal
					Į.	\$24	2,042.68	Brk Total
						f	MAKE	110
served						C	100 NV 2	110
Cara Cara Cara Cara Cara Cara Cara Cara						W. K. V	04 113	
	X	\$0.74	= _		\$97,537.92			
			_	····				Subtotal
<u> </u>			_	-	EXPENDITUR	ES THIS	The second secon	
Zi Zi Zi Zi Zi Zi Zi Zi Zi Zi Zi Zi Zi Z			-		1, 4, 5, 10, mA.		<u> </u>	00,561.05
in heriad	n vicke Calves vi			·····	· · · · · · · · · · · · · · · · · · ·		\$1,5	252,153.50
\$1,1	49,714.42		9	c. Other			\$2	200,337.45
TV DOM	S. Santagores S. L. C. Colored		_	·				
\$1,1	49,714.42		(d. Total E	xpenditures		\$2,4	53,052.00
	5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	5 X 51 X Served Times 24 X 08 X 16 X 16 X 187 bursement Served Times X X 08 X 108 X	5 X \$1.16 51 X \$0.26 Served Times Rates 24 X \$1.74 08 X \$1.44 16 X \$0.26 Berved Times Rates bursement Served Times Rates	\$ X \$1.16 = 51 X \$0.26 = 51 X \$0.26 = 51 X \$0.26 = 51 X \$0.26 = 51 X \$0.26 = 51 X \$1.74 = 51 X \$1.74 = 51 X \$0.26 = 51 X \$0.26 = 51 X \$0.26 = 51 X \$0.74 = 51 X \$0.37 = 51 X \$	5	5 X \$1.16 = \$435.00 51 X \$0.26 = \$637.26 Served Times Rates 124 X \$1.74 = \$218,759.76 08 X \$1.44 = \$14,555.52 16 X \$0.26 = \$6,322.16 387 Served Times Rates X \$0.74 = \$0.00 X \$0.37 = \$0.00 X \$0.06 = \$0.00 08 X \$0.74 = \$97,537.92 308 I 6. CASH EXPENDITUR a. Food b. Labor c. Other c. Other	5 X \$1.16 = \$435.00 51 X \$0.26 = \$637.26 \$300.26	Served Times Rates



Month March 2010 Agreement Number Year Amended Phone 202.576.7400 Sponsor Name **DC Public Schools** Address1 3535 V ST NE Fax 202.576,6835 Address2 EMail jeffrey.mills@dc.gov State DC ZIP City Washington 20018 1. General Data SN Breakfast Area Eligible Snack Lunch Breakfast Snack a. Number of Schools Participating 122 10 112 0 85 b. Number of days meals served 19 19 19 19 40869 c. Enrollment 3529 34967 44398 Õ d. Total Monthly Attendance 784513 Maximum Davs of d. Average Daily 19 41291 e. Number Approved for Free Meals Service 28274 Attendance f. Number Approved for Reduced 2778 SN Brk g. Average Daily Participation Breakfast 312 12118 Brk Total Lunch Snack AE Snack 2. Student Lunch Participation and Reimbursement 27254 10481 12430 Lunch Meals Served Times Rates a. Free 381735 \$2.70 = \$1,030,684,50 b. Reduced 35321 \$2.30 \$81,238.30 \$1,139,132.05 Subtotal c. Paid \$0.27 \$27,209.25 100775 X * 1,138,955.31, Adjusted Subton d. Total Student Lunches 517831 3. Student Breakfast Participation and Reimbursement DOOXCO/10 Regular Breakfast Meals Served Rates Times a. Free 1313 \$1.46 = \$1.916.98 Reduced X \$1.16 \$606.68 523 c. Paid X \$0.26 \$3,584.98 Subtotal 4082 \$1,061.32 Meals Served Severe Need Breakfast Times Rates d. Free 181107 X \$1.74 \$315,126.18 e. Reduced 14366 X \$1.44 = \$20,687.04 f. Paid χ \$0.26 \$344,849.00 Subtotal 34753 \$9,035.78 g. Total Student Breakfasts 236144 \$348,433.98 Brk Total 4. Student Snacks Participation and Reimbursement (2) 000 XDZ 10 Meals Served Rates Snacks Times a. Free \$0.74 = \$0.00 Х X b. Reduced \$0.37 = \$0.00 c. Paid X \$0.06 = \$0.00 X d. Area Eligible Free \$0.74 = \$147,356.94 199131 e. Total Student Snacks (1) \$147,356.94 Subtotal 199131 5. TOTAL FUNDS RECEIVED THIS MONTH 6. CASH EXPENDITURES THIS MONTH a. Student Payments a. Food \$799,452.93 b. Adult Payments b. Labor \$1,426,173.10 c. USDA Payments (2+3+4) \$1,634,922,97 c. Other \$213,622.58 d. Other Receipts e. Total Received \$1,634,922.97 d. Total Expenditures \$2,439,248.61 I certify that to the best of my knowledge and belief, this claim is true and correct in all respects, that records are available to support this claim, that it is in accordance with the terms of existing Agreement(s); I recognize that I will be fully responsible for any excess amounts which may result from erroneous or neglectful reporting herein. I FURTHER CERTIFY THAT ALL CLAIMS FOR REIMBURSEMENT SHALL BE SUBMITTED TO THE STATE AGENCY BY THE 10TH DAY OF THE MONTH but no later than the legislatively mandated deadline of 60 days after the end of the claim month, it understand that failure to submit claims within the 60-day deadline may result in such claims not being paid. All receipts, invoices and other evidence of purchase must be retained and available for future audits for a period of three years after the date of the final submission of the final claim for the fiscal year to which they pertain, or longer if related to an audit or investigation in progress. ame of Authorized Representative

DOOKCO 10 = Title of Authorized Representative

Dook CO 10 = Title of Authorized Representative

Date of Preparation

NSLP Claim for Reimbursement (Revised 2/05) DOOK DZ 16 = 348,433.98 MALAGOL HICKI SM VVIA ARC I Print Name of Authorized Representative Signature of Authorized Representative



Agreement Number				Month	At	oril "		Year	2010	Amended
	DCPS					2.576.740	00	-		
Address1	3535 V ST NE		1 1 1 1	Fax			3 6			The second secon
Address2		100 A 200 S 200		EMail		ffrey Milis				
City	Washington	State DC	ZIP	20018				1		
1. General Data		Lunch	Breakfast	SN Bre	aki	fast	Snack	Area Elic	gible Sna	ck
a. Number of Schools	s Participating	122	10		11		0		85	
b. Number of days m		- 18	18		18		0		18	
c. Enrollment		44704	3568		411	36	0		34967	
d. Total Monthly Atter	ndance	748345	Maximum [Davs of			d. Average Da	ilv		Anna Brage, while the said of the
e. Number Approved		28258	Meals Serv			18	Attendance	,	4	1575
f. Number Approved		2784				!	,			
g. Average Daily Part	icipation	Breakfast	303	SN Brk	Γ.	13712	Brk Total	Lunch	Snack	AE Snack
2. Student Lunch Pa		l Reimbursem			I		14015	27972	0	11311
Lunch		Meals Served		Rates]					
a. Free		373109	Χ	\$2.70	=		\$1,007,394.30			
b. Reduced		34153	Χ	\$2.30	=		\$78,551.90			
c. Paid		96229	Х	\$0.27	=		\$25,981.83	\$1.1	11.928.03	Subtotal
d. Total Student Lunc	hes	503491					3		OXCR 10	
3. Student Breakfas	t Participation	and Reimburs	ement					(d) 00	OVECTIC	,
Regular Breakfast		Meals Served	Times	Rates	•					
a. Free		1277	Х	\$1.46	=		\$1,864.42			
b. Reduced		549	Х	\$1.16	=		\$636.84			
c. Paid		3622	Х	\$0.26	=		\$941.72	(\$3,442.98	Subtotal
Severe Need Breakf	ast	Meals Served	Times	Rates				•		
d. Free		195501	Х	\$1.74	11		\$340,171.74			
e. Reduced		14973	X ,	\$1.44	11		\$21,561.12			
f. Paid		36328	Х	\$0.26	=		\$9,445.28	\$3	71,178.14	Subtotal
g. Total Student Brea		252250								Brk Total
4. Student Snacks P	articipation an	d Reimburser	nent					('ለነስ X	152 10	
Snacks		Meals Served	Times	Rates				(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
a. Free		a managaran	X	\$0.74			\$0.00			
b. Reduced			X	\$0.37	\rightarrow		\$0.00			
c. Paid			Х	70.00	=		\$0.00	(A) AA	·	
d. Area Eligible Free		203590	Χ	\$0.74	=		\$150,656.60		sxec/10	
e. Total Student Snac		203590			-					Subtotal
5. TOTAL FUNDS RE	CEIVED THIS	MONTH			-		EXPENDITUR	ES THIS		
a. Student Payments					_ ⊢	a. Food			Consideration of property and a second of the second of th	323,797.08
b. Adult Payments					-	b. Labor				375,858,68
c. USDA Payments (2	+3+4)	\$1,	637,205.75			c. Other			The state of the s	229,259,85
d. Other Receipts		0.4	007.005.75		ŀ			1		322 24 24
e. Total Received certify that to the best of n	av knowledge and h		637,205.75	t in all ros			xpenditures	aunnart th	\$2,2	228,915.61
accordance with the terms										
neglectful reporting herein.										
10TH DAY OF THE MONT				ne of 60 da	ays a	after the end	l of the claim mont	h. I underst	and that faile	ure to submit
claims within the 60-day de								 		
All receipts, invoices and oth								after the da	ite of the fina	l submission
of the final claim for the fisc	al year to which the	y pertain, or longe	r if related to ar	ı audit or i	nves	stigation in p	orogress.			
		\rightarrow 000	1XD2/10 =	= 37	4.6	621.12				
Print Name of Authoriz	zed Representa	tive 500	3XDZ/16 : hool Brea 3XCC/10= Sohool Lu	، ر ال	٠, "		Title of Authoriz	zed Repre	esentative	
		&c	hool Brea	chast						
			بايده	1 0/0	2 2	COU 10	la esta de Contrata de Pro-			Company of the second s
Cianatura of Authorica	d Donrocastati	(0) 000	XCC/ /0=	1, 00	1 7	20 7. 47 E	Data of Drange	ation		The state of the s
Signature of Authorize	u representativ	<u> </u>	School Lu	nch +	Si	nacks [Date of Prepara	สแบก		



Agreement Number	The account of the second of t	all the state of t		Month	M	ΑŸ		Year	2010	Amended
Sponsor Name	DCPS		Control of the Contro	Phone	20	2.576.74	00			
Address1	3535 V ST NE	The second secon		Fax		2,576,68				
Address2				EMail	Je	ffrey.Mills	@dc.gov			
City	Washington	State DC	ZIP	20018	110000					
1. General Data		Lunch	Breakfast	SN Bre	akí	fast	Snack	Area Elig	gible Sna	ck
a. Number of School	ls Participating	122	10		11	2	0 0		85	
b. Number of days m	neals served	20	20		2(9	The second secon	And the second s	20	
c. Enrollment		44960	3629		443	31	T in the second		34967	der er en er er er er er er er er er er er er er
d. Total Monthly Atte	ndance	840752	Maximum E	Days of		20	d. Average Da	aily	4.5	000
e. Number Approved	for Free	28212	Meals Serv	ice		20	Attendance	•	44	2038
f. Number Approved	for Reduced	2791								
g. Average Daily Par	ticipation	Breakfast	296	SN Brk		12908	Brk Total	Lunch	Snack	AE Snack
2. Student Lunch P	articipation an	d Reimbursen	nent				13204	26820	0	9225
Lunch		Meals Served	Times	Rates]			·	<u> </u>	
a. Free		395929	Х	\$2.70	=		\$1,069,008.30]		
b. Reduced		36643	Х	\$2.30	=		\$84,278.90	1		
c. Paid		103831	Х	\$0.27	=		\$28,034.37	\$1,1	81,321.57	Subtotal
d. Total Student Lund	ches	536403	,							
3. Student Breakfas	t Participation	and Reimburs	sement]						
Regular Breakfast		Meals Served	Times	Rates						
a. Free		1311	X	\$1.46	=		\$1,914.06			
b. Reduced		652	X	\$1.16	=		\$756.32			
c. Paid		3944	Х	\$0.26	=		\$1,025.44		3,695.82	Subtotal
Severe Need Breakt	fast	Meals Served	Times	Rates						***
d. Free		202207	Х	\$1.74	=		\$351,840.18			
e. Reduced		16342	Х	\$1.44	===		\$23,532.48			
f. Paid		39606	X	\$0.26	II		\$10,297.56	\$3	35,670.22	Subtotal
g. Total Student Brea	akfasts	264062						\$38	39,366.04	Brk Total
4. Student Snacks F	Participation ar	nd Reimburser	nent		_			<u>"</u>		
Snacks		Meals Served	Times	Rates						
a. Free			Х	\$0.74	11		\$0.00			
b. Reduced		A Committee of the second seco	Х	\$0.37	=		\$0.00			
c. Paid			Х	\$0.06	=		\$0.00			
d. Area Eligible Free		184492	Х	\$0.74	=		\$136,524.08			
e. Total Student Snac	cks	184492			_			\$13	36,524.08	Subtotal
5. TOTAL FUNDS R	ECEIVED THIS	MONTH				6. CASH	EXPENDITUR	ES THIS	MONTH	
a. Student Payments			A comment of the comm			a. Food				011,417.90
b. Adult Payments			A CONTROL OF THE CONT		-	b. Labor				311,704.92
c. USDA Payments (2	2+3+4)	\$1	,707,211.69			c. Other_				196,643.24
d, Other Receipts		The Control of the Co								
e. Total Received			707,211.69				Expenditures			519,766.06
I certify that to the best of accordance with the terms										
neglectful reporting herein										
10TH DAY OF THE MONT										
claims within the 60-day de					_					
All receipts, invoices and ot	•					-		after the da	ite of the fina	d submission
of the final claim for the fis	cal year to which the	ey pertain, or longe	r if related to a	n audit or i	inve	stigation in p	progress.			
		of any case of the galactery of the	· · · · · · · · · · · · · · · · · · ·			ı	THE STREET STREET, SECTION OF STREET	A STATE OF THE STA		
The state of the s		Comment of the Commen					The second of th	The second secon	The second secon	
Print Name of Author	ized Representa	ative				ľ	Title of Authori	zed Repr	esentative	

Date of Preparation

NSLP Claim for Reimbursement (Revised 2/05)

Signature of Authorized Representative



		NUTRITIO							
Agreement Number			Month	JL	ME		Year	2010	Amended
Sponsor Name DCPS			Phone		2.576.74				And the second of the second o
Address1 3535 VST NE			Fax		2.576.68				
Address2	,		EMail	je	frey mills	@dc.gov			
City Washington	State DC	ZIP	20019						
1. General Data	Lunch	Breakfast	SN Bre			Snack	Area Elig	gible Sna	ck
a. Number of Schools Participating	122	10	4	11		0		85	
b. Number of days meals served	16	16		- 1		0		16	
c. Enrollment	44262	3430	A TRACE STATE ACT.	108	32	0		34967	
d. Total Monthly Attendance	662159	Maximum E	ays of		16	d. Average Da	aily	4.	1202
e. Number Approved for Free	27988	Meals Serv			16	Attendance	-	4	1385
f. Number Approved for Reduced	2779								
g. Average Daily Participation	Breakfast	256	SN Brk		11565	Brk Total	Lunch	Snack	AE Snack
2. Student Lunch Participation and	d Reimbursem	ent				11821	21091	0	6527
Lunch	Meals Served	Times	Rates					· · · · · · · · · · · · · · · · · · ·	.*
a. Free	247365	Х	\$2.70	=		\$667,885.50			
b. Reduced	23552	Х	\$2.30	=		\$54,169.60			
c. Paid	66535	Х	\$0.27	=		\$17,964.45	\$74	40,019.55	Subtotal
d. Total Student Lunches	337452								
3. Student Breakfast Participation	and Reimburs	sement							
Regular Breakfast	Meals Served	Times	Rates						
a. Free	891	X	\$1.46	II		\$1,300.86			
b. Reduced	412	Х	\$1.16	11		\$477.92			
c. Paid	2786	X	\$0.26	Ш		\$724.36		2,503,14	Subtotal
Severe Need Breakfast	Meals Served	Times	Rates		·	,			
d. Free	144472	X	\$1.74	==		\$251,381.28			
e. Reduced	12658	Х	\$1.44	=		\$18,227.52			
f. Paid	27910	Х	\$0.26	=		\$7,256.60	\$27	76.865.40	Subtotal
g. Total Student Breakfasts	189129				· .	. ,			Brk Total
4. Student Snacks Participation an	d Reimburser	nent				'	· · · · · · · · · · · · · · · · · · ·		
Snacks	Meals Served		Rates						
a. Free		Х	\$0.74	=		\$0.00			
b. Reduced		Х	\$0.37	=		\$0.00			
c. Paid		Х	\$0.06	=		\$0.00			
d. Area Eligible Free	104439	Х	\$0.74	Ξ		\$77,284.86			
e. Total Student Snacks	104439						\$7	7,284.86	Subtotal
5. TOTAL FUNDS RECEIVED THIS	MONTH				6. CASH	EXPENDITUR	ES THIS	MONTH	
a. Student Payments					a. Food		-	\$1	881,118.76
b. Adult Payments					b. Labor			\$1	955,932.91
c. USDA Payments (2+3+4)	\$1,	096,672.95		Ī	c. Other				189,654,27
d. Other Receipts								***************************************	
e. Total Received	\$1,	096,672.95		ı	d. Total	Expenditures		\$2,0	026,705.94
I certify that to the best of my knowledge and I accordance with the terms of existing Agreem neglectful reporting herein. I FURTHER CERT 10TH DAY OF THE MONTH but no later than claims within the 60-day deadline may result in	ent(s); I recognize IFY THAT ALL CL the legislatively ma	that I will be ful AIMS FOR RE andated deadlir	ly respons IMBURS	ible ME	for any exc NT SHALL	ess amounts whic BE SUBMITTED	h may result TO THE STA	t from errone	eous or CY BY THE
All receipts, invoices and other evidence of pure			le for futur	-p n	udits for a r	eriod of three veers	after the de	te of the fine	d submission
of the final claim for the fiscal year to which the					-			os tue nas	11 SRUMISSIUD
	Salt A Description And Advanced Control of the Cont								Property of Control of
Print Name of Authorized Representa	tive					Title of Authori	zed Repre	esentative	•

Signature of Authorized Representative



Agreement Number				Month	AI	UG/SEPT		Year	2010	Amended
Sponsor Name	DCPS			Phone	20	2.576.740	00		4	
Address1	3535 V ST NE			Fax	_	2.576.683				l
Address2				EMail		ffrey.Mills				
City	Washington	State DC	ZIP	20018			I	ı		
1. General Data		Lunch		SN Bre	ak	fast	Snack	Area Flid	gible Sna	ck
a. Number of School	s Participating	121	10		11		0	7 ti Ou Lin	9	
Number of School O		27	27		2		ŏ		27	
c. Enrollment		44437	3769			68	0		1298	
d. Total Monthly Atte	ndonoo	1117596	Maximum [<u> </u>		, , , , , , , , , , , , , , , , , , , 		:I	1230	
e. Number Approved		25699	Meals Servi			27	d. Average Da	ally	4	1393
f. Number Approved			Ivieais Serv	ice			Attendance		L	
		2134	050	ON D.L		48440	la i e d	, , , ,	<u>ra .</u>	1.=
g. Average Daily Part		Breakfast	256	SN Brk		15149	Brk Total	Lunch	Snack	AE Snack
2. Student Lunch Pa	articipation and			D-1	1		15405	26313	0	212
Lunch		Meals Served		Rates	_					
a. Free		494908	X	\$2.74	=		\$1,356,047.92			
b. Reduced		47966	X	\$2.34	Ξ		\$112,240.44			
c. Paid	J	167588	Х	\$0.28	=		\$46,924.64	\$1,5°	<u>15,213.00</u>	Subtotal
d. Total Student Lunc		710462								
3. Student Breakfas	t Participation									
Regular Breakfast		Meals Served		Rates	L	,,				
a. Free		1430	Х	\$1.48	=		\$2,116.40			
b. Reduced		475	Х	\$1.18	트		\$560.50			
c. Paid		4992	Х	\$0.26	11		\$1,297.92		53,974.82	Subtotal
Severe Need Breakf	ast	Meals Served		Rates						
d. Free		298966	Х	\$1.76	=		\$526,180.16			
e. Reduced		25457	Χ	\$1.46	=		\$37,167.22			
f. Paid		84576	Х	\$0.26	=		\$21,989.76	\$58	35,337.14	Subtotal
g. Total Student Brea		415896						\$58	39,311.96	Brk Total
4. Student Snacks P	articipation an									· · · · ·
Snacks		Meals Served	Times	Rates						
a. Free			X	\$0.74			\$0.00			
b. Reduced			X	\$0.37		<u> </u>	\$0.00			
c. Paid			X	\$0.06			\$0.00			
d. Area Eligible Free		5715	Х	\$0.74	=		\$4,229.10			
e. Total Student Snac		5715						4	4,229.10	Subtotal
5. TOTAL FUNDS RE	ECEIVED THIS	MONTH				6. CASH	EXPENDITUR	ES THIS	MONTH	
a. Student Payments	· · · · · · · · · · · · · · · · · · ·					a. Food			\$1,	733,451.64
b. Adult Payments	· · ·					b. Labor			\$2,	082,194.20
c. USDA Payments (2	2+3+4)	\$2,	108,754.06			c. Other			\$	445,882.44
d. Other Receipts		···							,	
e. Total Received		\$2 ,	108,754.06			d. Total E	Expenditures		\$4,	261,528.28
certify that to the best of r	ny knowledge and l	pelief, this claim is	true and correct	t in all res	pec	ts, that reco	rds are available to	support thi	s claim, tha	t it is in
accordance with the terms	of existing Agreem	ent(s); I recognize	that I will be ful	ly respons	ible	for any exc	ess amounts which	may result	from errone	eous or
neglectful reporting herein. 10TH DAY OF THE MONT	I FURTHER CERT	the legislatively m	AIMS FOR RE	IMBURSE	:IVIE	NI SHALL	BE SUBMITTED T	O THE STA	TE AGENC	Y BY THE
claims within the 60-day de	adline may result in	ne legislatively in such claims not h	anuateu ueaum neing naid	ie oi oo ui	зуѕ	anter the ent	or the claim mont	n. i understa	and that tall	ure to submit
All receipts, invoices and ot				la Cart Creter		- 3:4- C	2.1 64	e 1 1		
of the final claim for the fisc	al vear to which the	uase must pe retan v nerfain, or longe	icu anu ayanap r if related to si	e tor muu andit or i	TE ST	uans for a pe sticotion in n	riod of three years	after the da	e of the fina	l submission
		2 free during on rouge.			A 7 C,	sugation in p	i ogi cas.			
	71. V									
Print Name of Authori	zed Representa	tive					Title of Authoria	zed Repre	sentative	,
·····						<u>-</u> =				
						ſ				
Signature of Authorized Representative						ļ	D-1(5	···		
	05)			L	Date of Prepar	ation				
INOLP CIBITI TO	or Reimburseme	ent (IXEVISEO Z/	UD) .							



		***	ILOO MIJU I			CHILAIO				
Agreement Number					_	CTOBER		Year	2010	Amended
Sponsor Name	DCPS			Phone	-	02.576.74			1-0.0	X
Address1	3535 V ST NE			Fax	_	02.576.68				
Address2				EMail	_	effrey.Mills	Charles and the last of the la			
City	Washington	State DC	ZIP	20018	100	Jiii Oy .iviiii C	Jeguo.gov			
1. General Data		Lunch	Breakfast	SN Bre	ak	fact	Snack	Area Fli	gible Sna	ack
a. Number of Schoo	ls Participating	121	10	ON BIG	_	11	0	Alou Eli	2	ION
Number of School O		18	18			8	0		18	
c. Enrollment		44437	3767			670	0		1298	
d. Total Monthly Atte	endance	738910	Maximum [Days of		T	d. Average Da	ilv		
e. Number Approved		27910	Meals Serv			18	Attendance	,	4	1051
f. Number Approved	for Reduced	2727					, aconduction	7.		
g. Average Daily Par	ticipation	Breakfast	290	SN Brk		17226	Brk Total	Lunch	Snack	AE Snack
2. Student Lunch P			ent	0			17516	27361	0	410
Lunch		Meals Served	Times	Rates	1					1
a. Free		363531	X	\$2.74	=		\$996,074.94			
b. Reduced		30509	X	\$2.34	=		\$71,391.06			
c. Paid		98454	X	\$0.28	=		\$27,567.12	\$1.0	95.033.12	Subtotal
d. Total Student Lun	ches	492494			-		V2.,002	V.,0	00,000.11	- Cabtota
3. Student Breakfas	t Participation	and Reimburs	sement							
Regular Breakfast		Meals Served	Times	Rates	1					
a. Free		1249	X	\$1.48	=		\$1,848.52			
b. Reduced		329	X	\$1.18	=		\$388.22			
c. Paid		3642	X	\$0.26	=		\$946.92		\$3,183,66	Subtotal
Severe Need Break	fast	Meals Served	Times	Rates					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, cantota.
d. Free		237047	Х	\$1.76	=		\$417,202.72			
e. Reduced		18736	Х	\$1.46	=		\$27,354.56			
f. Paid		54282	X	\$0.26	=		\$14,113.32	\$4	58.670.60	Subtotal
g. Total Student Brea	akfasts	315285								Brk Total
4. Student Snacks I			nent							
Snacks		Meals Served	Times	Rates	1					
a. Free			Х	\$0.74	=	man de la col	\$0.00			
b. Reduced			X	\$0.37			\$0.00			
c. Paid			X	\$0.06			\$0.00			
d. Area Eligible Free		7388	X	\$0.74			\$5,467.12			
e. Total Student Sna	cks	7388							\$5.467.12	Subtotal
5. TOTAL FUNDS R	ECEIVED THIS					6. CASH	EXPENDITUR			
a. Student Payments						a. Food	Serent de la company			,774,571.67
b. Adult Payments						b. Labor				,223,821.44
c. USDA Payments (2+3+4)	\$1	562,354.50			c. Other				229,820.64
d. Other Receipts		7:								
e. Total Received		\$1.	562,354.50			d. Total	Expenditures		\$3	,228,213.75
I certify that to the best of	my knowledge and	belief, this claim is	true and corre	ct in all res	spe	cts, that reco	ords are available to	support th	nis claim, the	at it is in
accordance with the terms	of existing Agreem	nent(s); I recognize	that I will be fu	lly respons	sible	e for any exc	cess amounts which	n may resul	t from erron	eous or

I certify that to the best of my knowledge and belief, this claim is true and correct in all respects, that records are available to support this claim, that it is in accordance with the terms of existing Agreement(s); I recognize that I will be fully responsible for any excess amounts which may result from erroneous or neglectful reporting herein. I FURTHER CERTIFY THAT ALL CLAIMS FOR REIMBURSEMENT SHALL BE SUBMITTED TO THE STATE AGENCY BY THE 10TH DAY OF THE MONTH but no later than the legislatively mandated deadline of 60 days after the end of the claim month. I understand that failure to submit claims within the 60-day deadline may result in such claims not being paid.

All receipts, invoices and other evidence of purchase must be retained and available for future audits for a period of three years after the date of the final submission of the final claim for the fiscal year to which they pertain, or longer if related to an audit or investigation in progress.

Print Name of Authorized Representative

Signature of Authorized Representative

NSLP Claim for Reimbursement (Revised 2/05)

Demy Director OFNS
Title of Authorized Representative

Dec. 14, 2010

Date of Preparation



Government of the District of Columbia OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION VELLNESS AND NUTRITION SERVICES-HEALTHY SCHOOLS AC

Agreement Number		aniania di As	WG. E. W. 1444	Month	0	CTOBER		Year	2010		Amended
Sponsor Name	DCPS				741101	2.576.74	and the second contract of the second con-	1 7 0 0 1	14444	<u> </u>	
Address1	3535 V ST NE	galande grande kalendar (g. 1. lat.) er i 1. later avez dan 2. later avez dan	N. Phys. Styles.	Fax	-	2.576.68	A 180 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	4			Y · · · · · · · · · · · · · · · · · · ·
Address2				78.			s@dc.gov	100 100 100 100 100 100 100 100 100 100			
City	WASHINGTON	DG	ZIP	20018				8			
1. General Data	Provide and American Space and Control of the Contr	Lunch	Breakfast	-∎annie vasituate	Start.	Bridge (1965)	-1				
a. Number of School	ols Participating	113	113						itenesia.	Maria.	
b. Number of Days		18	18				circle in Artifel				
c. Enrollment		44437	44437		idi Labu						
d. Total Monthly Atte	endance	738910	Maximum [Davs of	Yakazza		Average Dail	1	T	35.2	San State of the S
Number Approved f		27910	Meals Serv			18	Attendance	,		410	51
Number approved F		2727				l	LUNCH		BREAK	FAST	
Average Meals Per				1	Т		54,773	1		16356	
2. Student Lunch F		Reimbursen	ent				01,770	1	 	10000	
Lunch		Meals Served		Rates	1			<u> </u>			
All Meals SEC. 202		478100	Х	\$0.10	1=		\$47,810.00	5]			
b. Reduced		29712	X	\$0.40	=		\$11,884.80	-1			
All Meals-Local		478100	Х	\$0.05	=		\$23,905.00		\$83,5	99.80	Subtotal-2
d. Total Student Lur	nches	985912									
3. Student Breakfa					_						
Regular Breakfast		Meals Served	Times	Rates				_			
All Meals SEC, 202	<u> & 203</u>	294414	X	\$0.10	=		\$29,441.40				
b. Reduced		0	Х	\$0.30	=		\$0.00	<u> </u>			
c. Paid		tion in Operation	Х	\$1.50	=		\$0.00		\$29,4	41.40	Subtotal-3
	***	294414									
4. TOTAL FUNDS F	RECEIVED THIS	MONTH									<u> </u>
						COMME	NTS				
					1		·				
c. HSA Payments (2	2+3)		113,041.20	,					and the		
			made a good no a see all the second s								
e. Total Received			113,041.20								•
I certify that to the best of with the terms of existing	f my knowledge and b	eliet, this claim is	true and corre	ct in all res	spec	ts, that rec	ords are available i	o support	this claim, tha	titisin	accordance
I FURTHER CERTIFY TH	AT ALL CLAIMS FO	RREIMBURSEM	ENT SHALL B	E SUBMIT	ITE	TO THE	STATE AGENCY F	Y THE 10	TH DAY OF T	HF MO	porung nerem. NTH hut no
later than the legislatively											
in such claims not being p										•	•
All receipts, invoices and o	ther evidence of purc	hase must be retain	ned and availab	le for futu	re at	dits for a p	eriod of three years	after the o	ate of the fina	l submis	sion of the
final claim for the fiscal ye								4			•
				···			j)		Same and the same and	-14-61-17 53-4 5	and the second s
Donnasi	P. Scheib	:					ומנער ו	An A	rector		
Print Name of Autho	rized Penracent						Title of Author	to the second second	and the second second second second second	ering granul, between 6 y.	

Government of the District of Columbia – Office of the State Superintendent of Education Wellness and Nutrition Services – Child and Adult Care Food Program CLAIM FOR REIMBURSMENT (AT-RISK AFTERSCHOOL CARE PROGRAM)

		1							
		CACFP #:		1	Place an "X" i	n the bo	ox if this is a	n Adjusted	Claim
1. Agreement	Number	NSLP #:							
2 Name and	Address of Spo	nsor							
Z. Name and)	Address or ope	711301					Month		
Name	DCPS				3. Claim I	Period	OCTOBER	Ye	ar 2010
		-			4 Numbe	r of For	od Service O	nerating Da	ays 18
Address	3535 V ST NE	=			5. Numbe	r of Par	ticipants Att	ending the	At-Risk
					Program count)	for this	Claim Perio	d (unduplic	ated head
City	Washington	1							
State	DC	Zip Code	20018		Free (All pa	ırticipants' n	neals will be reimb	ursed at the free	rate.)
Contact						-			
Person Name	Jeffrey Mills				11067				
Telephone #			_						
	202 574 7603								
6. Total Number	of Program Typ	es						D-56 A6	
Operated This C	laim Period		7. Total At	tendance			8. Avera	ge Daily At	
 a. At-	Risk Snack			a. At-Ris	k Snack			a. At-R	lisk Snack
94 b. At	-Risk Suppers		180,932	b. At-Ris	sk Suppers		9890	b. At-F	Risk Suppers
04 b. At	-1 (lak Ouppers			•					
(A) 180,932 x S	\$2 72 = \$492 1	35.00 (B)	180 932 x \$0	2025 = 5	\$ 36.638.73 TO	TAL F	EXPECTED	= \$ 528,77	73.73
(11) 100,552 11	, , , , , , , , , , , , , , , , , , ,	(=)	100,502.24		• ,			. ,	
9.					<u> </u>				
a. Number Partic	ipants Served ir	n the Supper	Program*:	<u>11067</u>	b. Total # o	of At-Ris	k Suppers Se	erved:180	,932
a. Number Partic		n the Snack F	Program*:		_ b. Total # of A	t-Risk S	nacks Serve	d:	
*unduplicated head									
Other Notes:			.		· · · · · · · · · · · · · · · · · · ·				
I certify that to the be	est of my knowledge	and belief this	claim is true and	correct in all	respects, that record	ds are ava	ilable to support	this claim that	is in accordance
with the terms of exist herein. I further certif	stina agreements (s'): I recognize that	at I will be fully res	ponsible for	any excess amount	s which ma	ay result from eri	roneous or neg	glectful reporting
Centers are submitted certify that this claim	d only for those indi	ividual centers h	aving 25% or mo:	re participant	s receiving Title XIX	//Title XX I	penefits enrolled	for this claim p	period. I further
mandated deadline of	of 60 days after the	end of the claim	month. I understa	ınd that failur	e to submit claims v	vithin the 6	60 days may resu	ult in such clain	ns not being paid.
All receipts, invoices the final claim for the	and other evidence fiscal year to which	of purchase mu they pertain, or	ist be retained and longer if related t	d available fo to an audit or	or future audits for a investigation in pro	period of t gress.	three years after	the date of the	final submission
No further monies or	other benefits may	be paid out und	er the program ur	less this rep	ort is completed and	filed as r	equired by existing	ng regulations	(7 OFR 226).
Print Name			Signature of	Authoriz	ed Representa	tive & D	ate	Title	
711	. (A a 1	(,			$\overline{}$		}	Direct o	EN 2
) et r	ng Wil	7)	\ `	$\prod \bigvee$				OC P	S
	i.		.)	1.7				V - '	

Government of the District of Columbia – Office of the State Superintendent of Education Wellness and Nutrition Services – Child and Adult Care Food Program CLAIM FOR REIMBURSMENT (AT-RISK AFTERSCHOOL CARE PROGRAM)

		<u> </u>									
		CACFP#:		F	lace an "X" in the	box if th	is is an A	Adjusted Claim	n		
1. Agreement	Number	NSLP#:					-				
2. Name and A	Address of Spo	onsor									
						Mont	th				
Name	DCPS				3. Claim Period	OCTO	OBER	Year 201	0		
					4. Number of F	ood Ser	vice Oper	rating Davs	18		
Address	3535 V ST N	=			5. Number of F	articipa	nts Atten	ding the At-Ris	sk		
					Program for th count)	is Claim	Perioa (L	induplicated r	ieau		
City	Washington					_					
State	DC	Zip Code	20018		Free (All participant	s' meals will	be reimbursed	d at the free rate.)			
Contact Person											
Name	Jeffrey Mills				11067						
Telephone #											
	202 574 7603						<u>-</u>				
6. Total Number		es				8	Average	Daily Attenda	nce		
Operated This C	laim Period		7. Total At	tendance		<u> </u>	71101090				
a. At-l	Risk Snack			a. At-Risk	-Risk Snack a. At-Risk Sna						
 94 b. At-	-Risk Suppers		180,932	b. At-Risk	Suppers	9	890	b. At-Risk Su	uppers		
(A) 180,932 x \$	32.72 = \$492,1	35.00 (B)	180,932 x \$0	0.2025 = \$	36,638.73 TOTAI	. EXPE	CTED = S	\$ 528,773.73			
	ŕ	. ,	-								
9.		<u>.</u>						1 (00 000	_		
a. Number Partici	ipants Served ir	n the Supper	Program*:	11067	_ b. Total # of At-I	Risk Supp	oers Serve	ed:180,932			
a. Number Partic		n the Snack F	Program*:		b. Total # of At-Risl	Snacks	Served: _				
·											
Other Notes:											
with the terms of exis herein. I further certificenters are submitted	ting agreements (s y that claims submi d only for those ind); I recognize tha tted for meals se ividual centers h	at I will be fully reserved in Proprieta aving 25% or mo	sponsible for an ry TXIX Adult D re participants r	pects, that records are a y excess amounts which ay Care Centers and Preceiving Title XIX/Title X	nmay result oprietary TX (X benefits	t from errone XX Child Day enrolled for t	eous or neglectful re / Care and Adult D this claim period. I	eporting ay Care further		
certify that this claim mandated deadline or	and/or addendum s f 60 days after the	submitted for me end of the claim	als served shall b month. I understa	e submitted to t and that failure t	he State Agency by the o submit claims within th	10th of the ne 60 days i	month, but r may result ir	no later than the leg n such claims not b	gislatively eing paid.		
the final claim for the	fiscal year to which	they pertain, or	longer if related t	to an audit or in	uture audits for a period vestigation in progress.		_				
	other benefits may	be paid out und			is completed and filed a				226)		
Print Name	· · · ·		Signature of	Authorized	Representative &	Date		tle For d	-		
	14 Mil			111/	_		[]).	Fuel New OFNS			
Detre	19 1001	ر,	` >					OCPS			



Signature of Authorized Representative

NSLP claim for Reimbursement (Revised 2/05)

Government of the District of Columbia OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION WELLINESS AND NUTRITION SERVICES

		WELLN	ESS AND N	UTRITI	NC	SERVICI	ES			
Agreement Number					-	VEMBE		Year	2010	Amended
Sponsor Name	DCPS				_	2.576.74			RT 65 In	
	3535 V ST NE			Fax	_	2.576.683				
Address2				EMail	_		@dc.gov			
City	Washington	State DC	ZIP	20018	00	in Cy.iviiiic	l l			
1. General Data	Wdomington.	Lunch	Breakfast	SN Bre	akf	ast	Snack	Area Fli	gible Sna	ack
a. Number of Schools	s Participating	121	10	OIT DIE	11		0	Area Eli	2	dok
Number of School O		19	19		19		0		19	
c. Enrollment	poruming Days	44437	3767		106		0		2504	
d. Total Monthly Atte	ndance	738910	Maximum D				d. Average Da	nilv		
e. Number Approved		27910	Meals Serv			19	Attendance		3	8890
f. Number Approved		2727								
g. Average Daily Par		Breakfast	280	SN Brk		16907	Brk Total	Lunch	Snack	AE Snack
2. Student Lunch Pa	The state of the s			OIT DIK		10007	17187	26730	0	132
Lunch	artioipation an	Meals Served		Rates	1		17107	20700		102
a. Free		372875	X	\$2.74	=		\$1,021,677.50			
b. Reduced		33031	X	\$2.74	=		\$77,292.54			
c. Paid		101971	X	\$0.28	=		\$28,551.88	\$1.1	27 524 0	Subtotal
d. Total Student Lunc	choe	507877	^	\$0.20			\$20,551.00	\$1,1	27,521.92	ZISUDIOIAI
3. Student Breakfas										
	t Participation	Meals Served		Detec	1					
Regular Breakfast a. Free				Rates			04 700 00			
		1171	X	\$1.48	=		\$1,733.08			
b. Reduced c. Paid		356	X	\$1.18	=		\$420.08			
		3790	X	\$0.26	=	9	\$985.40		\$3,138.5	Subtotal
Severe Need Breakt	rast	Meals Served		Rates						
d. Free		249694	Х	\$1.76	=		\$439,461.44			
e. Reduced	in the second	20179	X	\$1.46	=		\$29,461.34			
f. Paid		51353	X	\$0.26	=		\$13,351.78			Subtotal
g. Total Student Brea		326543						\$4	85,413.12	2 Brk Total
4. Student Snacks F	Participation ar									
Snacks		Meals Served	Times	Rates						
a. Free			X	\$0.74	_		\$0.00			
b. Reduced			X	\$0.37	=		\$0.00			
c. Paid			X		=		\$0.00			
d. Area Eligible Free		2504	X	\$0.74	=		\$1,852.96			
e. Total Student Snac		2504								Subtotal
5. TOTAL FUNDS R		MONTH				6. CASH	EXPENDITUR	ES THIS	MONTH	
a. Student Payments						a. Food	Transfer Land		\$1	,464,823.54
b. Adult Payments						b. Labor			\$1	,303,030.46
c. USDA Payments (2	2+3+4)	\$1,	614,788.00			c. Other			\$	238,928.34
d. Other Receipts										
e. Total Received		\$1,	614,788.00			d. Total	Expenditures		\$3	,006,782.34
I certify that to the best of accordance with the terms neglectful reporting herein 10TH DAY OF THE MON' claims within the 60-day de	of existing Agreem I FURTHER CER TH but no later than eadline may result	nent(s); I recognize FIFY THAT ALL C In the legislatively not in such claims not	e that I will be for LAIMS FOR R nandated dead being paid.	ully respon EIMBURS line of 60	sible SEM days	e for any ex ENT SHAL after the e	cess amounts whi L BE SUBMITTED nd of the claim mo	ch may res TO THE S nth I under	ult from errors TATE AGE estand that	oneous or ENCY BY THE failure to submit
All receipts, invoices and ot the final claim for the fiscal	her evidence of purc I year to which they	hase must be retain pertain, or longer	ned and availablif related to an	e for futur audit or in	e au vesti	dits for a pe igation in pr	riod of three years a rogress.	after the da	e of the fina	I submission of
Jetrey	MILL						Viceitr	1		
Print Name of Author	ized Represent	ative					Title of Authori	zed Repr	esentativ	e

HJAN'11 RCVD

Date of Preparation

Government of the District of Columbia OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION WELLNESS AND NUTRITION SERVICES-HEALTHY SCHOOLS ACT nent Number Month NOVEMBER 2010 Amended DIG**F**S, a v or Name Phone 202.576 7400 3525 VST NE ss1 Fax 2012464/6/disp. **ss2** EMail deffrey Mills@delatev WASHINGTON DO ZIP 20018 eneral Data Lunch Breakfast Number of Schools Participating ijik k 113 Number of Days of School Enrollment Total Monthly Attendance 738910 Maximum Days of Average Daily 19 Number Approved for Free 38890 27910 Meals Service Attendance Number approved Reduced 2727 LUNCH BREAKFAST Average Meals Per Category 53.898 16073 2. Student Lunch Participation and Reimbursement Lunch Meals Served Times Rates All Meals SEC, 202 & 203 495768 Х \$0.10 \$49,576.80 Reduced 32524 X \$0.40 = \$13,009,60 All Meals-Local 495768 $\overline{\mathbf{x}}$ \$0.05 = \$24,788.40 \$87,374.80 Subtotal-2 d. Total Student Lunches 1024060 3. Student Breakfast Participation and Reimbursement Regular Breakfast Meals Served Rates Times All Meals SEC. 202 & 203 305382 X \$0.10 \$30,538,20 b. Reduced X \$0.30 \$0.00 c. Paid X \$1.50 \$0.00 \$30,538,20 Subtotal-3 305282 4. TOTAL FUNDS RECEIVED THIS MONTH COMMENTS c. HSA Payments (2+3) \$117,913.00 e. Total Received \$117,913.00 certify that to the best of my knowledge and belief, this claim is true and correct in all respects, that records are available to support this claim, that it is in accordance with the terms of existing Agreement(s); I recognize that I will be fully responsible for any excess amounts which may result from erroneous or neglectful reporting herein. I FURTHER CERTIFY THAT ALL CLAIMS FOR REIMBURSEMENT SHALL BE SUBMITTED TO THE STATE AGENCY BY THE 10TH DAY OF THE MONTH but no tater than the legislatively mandated deadline of 60 days after the end of the claim month. I understand that failure to submit claims within the 60-day deadline may result in such claims not being paid. All receipts, invoices and other evidence of purchase must be retained and available for future audits for a period of three years after the date of the final submission of the

Print Name of Authorized Representa

Signature of Authorized Representat

Title of Authorized Representative

Date of Preparation

final claim for the fiscal year to which they pertain, or longer if related to an audit or investigation in progress.

Government of the District of Columbia – Office of the State Superintendent of Education Wellness and Nutrition Services – Child and Adult Care Food Program CLAIM FOR REIMBURSMENT (AT-RISK AFTERSCHOOL CARE PROGRAM)

			ı						
1 Agre	ement	Number	CACFP #:		Pla	ace an "X" in the b	ox if this is a	n Adjusted Clai	im
i. Agic			NSLP #: _						
2. Name	e and A	Address of Spo	onsor						
						a claire B sie l	Month	N	0.1.0
Name		DCPS				3. Claim Period	NOVEMBE	R Year 2	1
Addres	s	3535 V ST NE	=			4. Number of Foo			19 Diek
Addies		0000 1 01 112	-			Program for this			
City		Washington				count)			
State		DC	Zip Code	20018		Free (All participants' r	neals will be reimbi	ursed at the free rate.)	
Contac	-								
Person Name		Jeffrey Mills				11121			
Telepho	one#	202 574 7603							
C = 4.15									
		of Program Type laim Period	es	7. Total At	tendance		8. Avera	ge Daily Attend	ance
	a. At-l	Risk Snack			a. At-Risk Si	nack		a. At-Risk S	nack
94		Risk Suppers		195,387	b. At-Risk S	uppers	9921	b. At-Risk S	Suppers
	<u> </u>	THOR Cupporo							
(A) 195,3	887x \$2	2.72 = \$ 531,4 5	52.64 (B) 19	95,387 x \$0.2	025 = \$ 39,50	65.87 TOTAL EX	PECTED =	\$ 571,018.51	
a. a. Number	Partici	pants Served in	the Supper	Program*:	11121	b. Total # of At-Ris	k Suppers Se	erved:195,387	
a. Number	r Partici	pants Served in	the Snack F	Program*:	b.	Total # of At-Risk S	nacks Served	d:	
unduplicat	ed head	counts							
Other Not	tes:								
with the term nerein. I furth Centers are s certify that th	ns of exist ner certify submitted nis claim a	ing agreements (s); that claims submit donly for those indivand/or addendum si	; I recognize that ted for meals se vidual centers h ubmitted for me	at I will be fully res erved in Proprietar laving 25% or mor eals served shall be	ponsible for any e y TXIX Adult Day e participants rec e submitted to the	cts, that records are ava excess amounts which ma Care Centers and Propri eiving Title XIX/Title XX to State Agency by the 10t submit claims within the 6	ay result from errietary TXX Child benefits enrolled h of the month, b	oneous or neglectful Day Care and Adult for this claim period. out no later than the I	reporting Day Care I further legislatively
he final clain	n for the f	fiscal year to which	they pertain, or	longer if related to	o an audit or inves	re audits for a period of t stigation in progress.	-		
		other benefits may t	oe paid out unde			completed and filed as re			₹ 226).
Print Nam		a KSch	ein	Signature of		Representative & D		Deputy ?)ircctor

Agreement Number			LOO AND I		_	ECEMBE	the state of the s	Year	2010	Amended
Sponsor Name	DCPS					02.576.74		· cai	12010	, anionaca
Address1	3535 V ST NE			Fax		2.576.68	the same of the sa			
Address2	- COUNTRY OF THE			EMail	_		s@dc.gov			
City	Washington	State DC	ZIP	20018	100	Jin Cy.iviiii	J. J. J. J. J. J. J. J. J. J. J. J. J. J	•		
1. General Data		Lunch	Breakfast	SN Bre	ak	fast	Snack	Area Fli	gible Sna	ck
a. Number of Schoo	Is Participating	121	10	OIT BIC	11		0	Pilou Ell	2	OK.
Number of School C		13	13		1		0	12 30.5	13	
c. Enrollment	por unig purpo	44437	3556		_	381	0		1299	
d. Total Monthly Atte	endance	551510	Maximum E			T	d. Average Da	ilv		
e. Number Approved		24510	Meals Servi			13	Attendance	",	4	2424
f. Number Approved		2727	Micaio Colt				7 Ktorround			
g. Average Daily Pa		Breakfast	277	SN Brk	Г	16458	Brk Total	Lunch	Snack	AE Snack
2. Student Lunch P			ent	O. C DITE		10100	16735	26409	0	141
Lunch	a. i.o. pation an	Meals Served	Times	Rates	1		10700	20100		
a. Free		251669	X	\$2.74	=		\$689,573.06			
b. Reduced		22854	X	\$2.34	=		\$53,478.36			
c. Paid		68798	X	\$0.28	=		\$19,263.44		62 314 86	Subtotal
d. Total Student Lun	ches	343321		40.20			VIO,200.11		02,01 1100	Toublotai
3. Student Breakfas			sement							
Regular Breakfast		Meals Served		Rates	1					
a. Free		746	Х	\$1.48	=		\$1,104.08			
b. Reduced		252	Х	\$1.18	=		\$297.36			
c. Paid		2598	X	\$0.26	=		\$675.48		\$2,076.92	Subtotal
Severe Need Break	fast	Meals Served	Times	Rates						
d. Free		165824	X	\$1.76	-		\$291,850.24			
e. Reduced		13620	X	\$1.46	=		\$19,885.20			
i. Paid		34507	Special Street, Special Specia	\$0.26		Land Street	\$8,971.82	\$3	20,707.26	Subtotal
. Total Student Bre	akfasts	217547								Brk Total
4. Student Snacks	Participation a		nent							
Snacks	1. 2	Meals Served		Rates	1					
a. Free		Name of the second	X	\$0.74	=	The property and	\$0.00			
b. Reduced			X	\$0.37	_		\$0.00			
c. Paid			Х	\$0.06	_		\$0.00	10 mar 1		
d. Area Eligible Free		1834	X		=		\$1,357.16			
e. Total Student Sna		1834		400					\$1,357.16	Subtotal
5. TOTAL FUNDS R	RECEIVED THIS	MONTH				6. CASH	EXPENDITUR	ES THIS	MONTH	
a. Student Payments						a. Food				,774,571.67
b. Adult Payments		Phone Land Draw				b. Labor				,223,821.44
c. USDA Payments	(2+3+4)	\$1	086,456.20	an Table		c. Other				229,820.64
d. Other Receipts										
e. Total Received		\$1	086,456.20			d. Total	Expenditures		\$3.	228,213.75
I certify that to the best of accordance with the term	e. Total Received I certify that to the best of my knowledge and be accordance with the terms of existing Agreemen neglectful reporting herein. I FURTHER CERTIFIED.		true and corre-	lly respon	sible	cts, that red e for any ex	cords are available t	h may resu	nis claim, the	at it is in neous or

10TH DAY OF THE MONTH but no later than the legislatively mandated deadline of 60 days after the end of the claim month. I understand that failure to submit claims within the 60-day deadline may result in such claims not being paid.

All receipts, invoices and other evidence of purchase must be retained and available for future audits for a period of three years after the date of the final submission of the final claim for the fiscal year to which they pertain, or longer if related to an audit or investigation in progress.

Lonna F. Schein		Deput Director
Print Name of Authorized Representative		Title of Authorized Representative
A A		
Korne Schen	N	1/28/11

Date of Preparation

Signature of Authorized Representative NSLP Claim for Reimbursement (Revised 2/05)

Government of the District of Columbia OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION WELLNESS AND NUTRITION SERVICES-HEALTHY SCHOOLS ACT

Agreement Number		Month	D	ecember		Year	2010	Amended		
Sponsor Name	DCPS					2.576.74	00		1	
Address1	3535 V ST NE			Fax		2.576.78				
Address2				EMail			@dc.gov			
City	Washington	State	ZIP	20019				•		
1. General Data		Lunch	Breakfast	_			•			
a. Number of School		121	112					**		
b. Number of Days of	of School	13	13							
c. Enrollment	•	44437	44437			•				
d. Total Monthly Atte	551510	Maximum D	Days of		13	Average Daily		424	24	
Number Approved for		24510	Meals Serv	ice		13	Attendance		424	Z 4
Number approved R	educed	2727								
2. Student Lunch P	articipation and	d Reimbursen	nent							
Lunch		Meals Served	Times	Rates						
All Meals SEC. 202	& 203	324008	X	\$0.10			\$32,400.80			
b. Reduced		21685	Х	\$0.40			\$8,674.00			
All Meals-Local		324008	X	\$0.05	=		\$16,200.40		\$57,275.20	Subtotal-2
3. Student Breakfas	st Participation	and Reimbur								
Regular Breakfast		Meals Served		Rates						
All Meals SEC. 202	& 203	203933	Х	\$0.10	_		\$20,393.30			
b. Reduced			Х	\$0.30	II		\$0.00			
c. Paid			X	\$1.50	Ξ		\$0.00		\$20,393.30	Subtotal-3
4. TOTAL FUNDS R	ECEIVED THIS	MONTH								
-				·		COMME	NTS			
c. HSA Payments (2	T3/		\$77,668.50	•						
C. FISA Fayineills (2)	13)		\$11,000.5U	•						1
e. Total Received			\$77,668.50							
I certify that to the best of	my knowledge and t			ct in all res	pec	ts that reco	rds are available to	support th	is claim, that it is in	accordance
with the terms of existing A										
FURTHER CERTIFY THA										
OUTLINED IN SECTIONS SERVING MODELS AS R			SISLATION, T	HIS INCL	JDE	S SERVING	3 BREAKFAST IN	THE CLAS	SROOM AND/OR A	LTERNATIVE
*	-									
All receipts, invoices and of claim for the fiscal year to							eriod of three years	after the da	te of the final submi	ssion of the final
cianni for the uscar year to	which they pertain, o	i tonger ii relateu i	o an audit of th	resugation	1 111	progress.				
Donna F.	Schen			•			Deput	4 Di	rector	
Print Name of Authorized Represent						İ	Title of Authori	zed Rep	resentative	
Moura Slien							5/10	<u> </u>		
Signature of Authorized Representat							Date of Prepar	ation	·····	

Government of the District of Columbia OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION WELLNESS AND NUTRITION SERVICES-HEALTHY SCHOOLS ACT

Agreement Number		Month	De	cember	<u> </u>	Year	2010	Amended		
Sponsor Name	DCPS			·	_	2.576.74	00		— I.i	
Address1	3535 V ST NE			Fax		2.576.78		1		
Address2				EMail	Je	ffrey.Mills	@dc.gov			
City	Washington	State	ZIP	20019				•		
1. General Data		Lunch	Breakfast	-			•			
a. Number of School	s Participating	121	112							
b. Number of Days o	f School	13	13							
c. Enrollment		44437	44437							
d. Total Monthly Atte	ndance	551510	Maximum D	ays of	ays of		Average Daily	y 42424		24
Number Approved for	r Free	24510	Meals Servi	ice		13	Attendance		424	24
Number approved Re	educed	2727								
2. Student Lunch P	articipation an	d Reimbursen	nent							
Lunch		Meals Served	Times	Rates	1				-	
All Meals SEC. 202	& 203	324099	Х	\$0.10	Н		\$32,409.90			
b. Reduced		21687	X	\$0.40	=		\$8,674.80			
All Meals-Local		324099	Х	\$0.05	=		\$16,204.95		\$57,289.65	Subtotal-2
3. Student Breakfas	t Participation	and Reimbur	sement				• •		,	
Regular Breakfast		Meals Served	Times	Rates						
All Meals SEC. 202	& 203	203933	Х	\$0.10	Ξ		\$20,393.30			
b. Reduced			Х	\$0.30	=		\$0.00			
c. Paid			Х	\$1.50	=		\$0.00		\$20,393.30	Subtotal-3
4. TOTAL FUNDS R	ECEIVED THIS	MONTH								
						COMME	NTS			
c. HSA Payments (2-	+3)		\$77,682.95							
e. Total Received			\$77,682.95							
certify that to the best of r	my knowledge and b	elief, this claim is	true and correc	t in all res _l	pect	s, that recor	ds are available to	support th	is claim, that it is in a	ccordance with
the terms of existing Agree	ement(s); I recognize	e that I will be fully	responsible for	any exces	s a	mounts which	ch may result from	erroneous	or neglectful reportir	ig herein. I
FURTHER CERTIFY THA OUTLINED IN SECTIONS										
SERVING MODELS AS R			JOLATION. 11	IIO INCL.C	, DE	O OLIVINO	DIVENTIAGE IN I	TIL OLAG	SINOOMI ANDION AL	-ILINATIVE
All receipts, invoices and ot			ed and available	e for futur	'A 911	dite for a ne	riod of three years	ofter the de	to of the final cubmic	sion of the final
claim for the fiscal year to v							riou of three years a	niter inte da	ice of the illiai sublins	SION OF THE IMAN
Donna F.					Deput	<u> </u>	on La			
Donna :-										
Print Name of Authorized Represent							Title of Author	ized Rep	oresentative	
							l	1	•	
Manua Schen							4/20	/11		
Signature of Authoriz					Date of Prepar	ration				

Government of the District of Columbia – Office of the State Superintendent of Education Wellness and Nutrition Services – Child and Adult Care Food Program CLAIM FOR REIMBURSMENT (AT-RISK AFTERSCHOOL CARE PROGRAM)

	1. Agre	ement	Number	CACFP #:			Pla	ce an "X" i	in the bo	ox if this is a	ın Adju	sted Clain	1
	2. Name	e and A	ddress of Spo	onsor									
	Name		DCPS					3. Claim I	Period	Month DECEMBE	R	Year 20	10
	Addres	s	3535 V ST NE	=						od Service O ticipants Att	<u> </u>	-	13
	City		Washington	- -	1		-			Claim Perio			
	State		DC	Zip Code	20018			Free (All pa	articipants' m	eals will be reimbo	ursed at the	e free rate.)	
	Contact Person Name		Jeffrey Mills					9078					
	Telepho	one #	202 574 7603										
			of Program Typ aim Period	es	7. Total At	ttendand	ce			8. Avera	ge Dail	y Attenda	nce
		a. At-F	Risk Snack			a. At-F	Risk Sn	ack			a	At-Risk Sn	ack
	94	b. At-	Risk Suppers		124,810	b. At-l	Risk Sı	ippers		9598	b.	At-Risk Su	uppers
_		310 X \$	52.72 = \$ 339, 4	883.20 (B) x	124, 810 X \$	\$0.2025	= \$ 25	5,274.03 T	OTAL I	EXPECTED) = \$ 36	64,757.23	
_	. Number	Partici	pants Served in	the Supper	Program*:	9078	k	o. Total # of	At-Risk	Suppers Ser	ved:1	124,810	
	. Number unduplicate		pants Served ir	the Snack F	Program*:		b.	Total # of A	t-Risk Sr	nacks Served	d:		
_	ther Not	es:											
200	ith the term erein. I furth enters are s ertify that th aandated de	s of existing certify submitted is claim a cadline of	at of my knowledge ing agreements (s) that claims submit only for those indi- and/or addendum si 60 days after the e	I recognize that ted for meals se vidual centers had ubmitted for mea nd of the claim r	t I will be fully res rved in Proprietar aving 25% or mor als served shall be month. I understa	ponsible for ry TXIX Ad re participa e submitte and that fai	or any extend or any extended or any extended or any extended to the lure to so	ccess amounts Care Centers iving Title XIX State Agency ubmit claims w	which ma and Proprie /Title XX be by the 10th vithin the 60	y result from erretary TXX Child enefits enrolled n of the month, b days may resu	oneous o Day Care for this cla out no late alt in such	r neglectful re and Adult Da aim period. I t er than the leg claims not be	eporting ay Care further gislatively eing paid.
r	e final clain	n for the f	ind other evidence iscal year to which	they pertain, or	longer if related to	o an audit	or inves	tigation in prog	gress.	-			
V	o further mo	onies or o	ther benefits may b	e paid out unde	r the program un	less this re	eport is c	ompleted and	filed as red	quired by existin	q regulati	ions (7 OFR 2	226).

Signature of Authorized Representative & Date

Title

Print Name

Johna F. Schein

Agreement Numb	er		ESS AND N			NUARY		Year	2011	Amended
Sponsor Name	DCPS			Phone	20	2.576.74	00			
Address1	3535 V ST NE			Fax	20	2.576.68	35			
Address2	The second second			EMail	Je	ffrey.Mills	s@dc.gov			
City	Washington	State DC	ZIP	20018						
1. General Data		Lunch	Breakfast	SN Bre	akt	ast	Snack	Area Eli	gible Sna	ck
a. Number of Scho	ools Participating	121	10		11		0		2	
Number of School	Operating Days	18	18		18		0	S. A.	18	
c. Enrollment		44437	3767	N. P. S.	406		0		1298	
d. Total Monthly A	ttendance	738910	Maximum [Davs of		40	d. Average Da	ily		1051
e. Number Approv	red for Free	27910	Meals Serv			18	Attendance		4	1051
f. Number Approve	ed for Reduced	2727								
g. Average Daily F		Breakfast	265	SN Brk		14402	Brk Total	Lunch	Snack	AE Snack
2. Student Lunch		d Reimbursem				31.00	14667	25440	0	117
Lunch		Meals Served		Rates	1		The second			
a. Free		335725	X	\$2.74	=		\$919,886.50			
b. Reduced		30516	X	\$2.34	_		\$71,407.44			
c. Paid		91675	X	\$0.28	=		\$25,669.00		16.962.94	Subtotal
d. Total Student L	unches	457916	7.0							
3. Student Break	fast Participation		sement							
Regular Breakfas		Meals Served		Rates	1					
a. Free		1095	X	\$1.48	=		\$1,620.60			
b. Reduced		341	X	\$1.18	=		\$402.38			
c. Paid		3323	X	\$0.26	=		\$863.98		\$2,886.96	Subtotal
Severe Need Bre	akfast	Meals Served	Times	Rates						
d. Free		200890	X	\$1.76	200		\$353,566.40			
e. Reduced		16601	X	\$1.46	==		\$24,237.46			
: Paid		41730	X	\$0.26	:		\$10,849.80	\$3	88,653.66	Subtotal
g. Total Student B	reakfasts	263980								Brk Total
4. Student Snack	s Participation a	nd Reimburser	ment							
Snacks		Meals Served	Times	Rates	1					
a. Free			X	\$0.74	=	Jan San	\$0.00	No.		
b. Reduced			X	\$0.37	=		\$0.00			
c. Paid			X	\$0.06	=		\$0.00			
d. Area Eligible Fre	e	2110	X	\$0.74	=		\$1,561.40			
e. Total Student Si	nacks	2110							\$1,561.40	Subtotal
5. TOTAL FUNDS	RECEIVED THIS	MONTH				6. CASH	EXPENDITUR	ES THIS	MONTH	
a. Student Paymer	nts					a. Food			\$1,	178,253.19
b. Adult Payments						b. Labor				870,645.49
c. USDA Payment	s (2+3+4)	\$1.	410,064.96			c. Other				151,857.90
d. Other Receipts										
e. Total Received		\$1	410,064.96		100	d Total	Expenditures		\$2	200,756.58

accordance with the terms of existing Agreement(s); I recognize that I will be fully responsible for any excess amounts which may result from erroneous or neglectful reporting herein. I FURTHER CERTIFY THAT ALL CLAIMS FOR REIMBURSEMENT SHALL BE SUBMITTED TO THE STATE AGENCY BY THE 10TH DAY OF THE MONTH but no later than the legislatively mandated deadline of 60 days after the end of the claim month. I understand that failure to submit claims within the 60-day deadline may result in such claims not being paid.

All receipts, invoices and other evidence of purchase must be retained and available for future audits for a period of three years after the date of the final submission of the final claim for the fiscal year to which they pertain, or longer if related to an audit or investigation in progress.

Donna F. Schein
Print Name of Authorized Representative

Title of Authorized Representative

Signature of Authorized Representative

NSLP Claim for Reimbursement (Revised 2/05)

FEB-11 A

2/10/11
Date of Preparation

Government of the District of Columbia OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION WELLNESS AND NUTRITION SERVICES-HEALTHY SCHOOLS ACT

Agreement Number					Ja	nuary		Year	2010	Amended
Sponsor Name	DCPS			Phone	20	2.576.74	00		***************************************	
Address1	3535 V ST NE			Fax	20	2.576.782	26			
Address2				EMail	Je	ffrey.Mills	@dc.gov			
City	Washington	State	ZIP	20019				•		
1. General Data		Lunch	Breakfast	_						
 a. Number of School 		121	112							
b. Number of Days of	f School	18	18							
c. Enrollment		44437	44437							
d. Total Monthly Atte	Maximum D	ays of		18	Average Daily		410	5 4		
Number Approved for	r Free	27910	Meals Servi	ice		10	Attendance		410	51
Number approved R	educed	2727								
2. Student Lunch P	articipation and	d Reimbursen	nent							
Lunch		Meals Served		Rates	<u> </u>					
All Meals SEC. 202	& 203	448225	Х	\$0.10			\$44,822.50			
b. Reduced		29983	Х	\$0.40	=		\$11,993.20			
All Meals-Local		448225	Х	\$0.05	=		\$22,411.25		\$79,226.95	Subtotal-2
3. Student Breakfas	st Participation	and Reimbur	sement		_					
Regular Breakfast		Meals Served	Times	Rates	L			_		
All Meals SEC. 202	& 203	245226	X	\$0.10			\$24,522.60			
b. Reduced			X	\$0.30	=		\$0.00			
c. Paid			X	\$1.50	=		\$0.00		\$24,522.60	Subtotal-3
4. TOTAL FUNDS R	ECEIVED THIS	MONTH								
	www.					COMME	NTS			
				•						
c. HSA Payments (2	+3)	\$	103,749.55	•						
e. Total Received			103,749.55	·						
I certify that to the best of										
with the terms of existing A FURTHER CERTIFY THA										
OUTLINED IN SECTIONS										
SERVING MODELS AS R	REQUIRED BY THE	ACT.								
All receipts, invoices and o	ther evidence of purc	hase must be retai	ned and availab	le for futu	re a	udits for a p	eriod of three years	after the d	ate of the final subm	ission of the final
claim for the fiscal year to	which they pertain, o	to an audit or in	vestigatio	n in	progress.					
	·					·············		<u> </u>		
Donnat	Schein						1 Seput	4 Dive	ector	
Print Name of Autho					Title of Author	ized Re	presentative			
/_	4									
Along Little							7/20	///		
Signature of Authoriz				Date of/Prepa	ation					

Government of the District of Columbia – Office of the State Superintendent of Education Wellness and Nutrition Services – Child and Adult Care Food Program CLAIM FOR REIMBURSMENT (AT-RISK AFTERSCHOOL CARE PROGRAM)

			Ţ									
1 Agre	ement	Number	CACFP #:			Plac	e an "X" i	in the bo	ox if this is	s an Adjı	usted Clair	n
i. Agre	ement		NSLP #:									
2. Name	e and A	Address of Spo	onsor									
						Г			Month			
Name		DCPS				L	3. Claim	Period	JANUAR	Y	Year 20	11
110										•	_	18
Addres	s	3535 V ST NE	Ē			}			d Service		ng Days g the At-Ri	sk
City		Washington									uplicated	
Oity		Washington				-						
State		DC	Zip Code	20018			Free (All pa	articipants' n	neals will be rei	mbursed at t	he free rate.)	
Contac Person	_											
Name		Jeffrey Mills				L	10121					
Telepho	one#	202 574 7603										
6. Total N	lumber	of Program Typ	es									
		aim Period		7. Total Att	tendance	е			8. Ave	erage Da	ily Attenda	ince
	a At-F	Risk Snack			a. At-Risk Snack							nack
				450.070					9735	b.	At-Risk S	uppers
94	b. At-	Risk Suppers		159,876	b. At-Ri	isk Su	ppers					
(A) 150 G	77X 0	2 72 \$424 8	(2.72 (D)1	150 976 V ¢0	2025 —	- 6 22	274 90 T	ОТАГІ	ZVDECTI	ED - \$ 4	67 227 61	
(A) 139,8) /OA \$.	2.72 = \$434,8	02.72 (B) X	139, 8/0 A \$().2023 —	- Þ <i>32</i> ,	3/4.09 1	OTALI	EAFECTE	D - 34	07,237.01	
9.												
	Partici	pants Served ir	the Supper	Program*:	10121	b.	Total # of	At-Risk	Suppers S	Served:	159,876	
a. Number	r Partici	pants Served ir	n the Snack F	Program*:		b. T	otal # of A	t-Risk S	nacks Serv	ved:		
unduplicat												
Other Not	es:											
,												
with the term herein. I furth Centers are s certify that th	is of exist ner certify submitted is claim a	st of my knowledge ing agreements (s) that claims submit d only for those indi and/or addendum s	; I recognize tha ted for meals se vidual centers ha ubmitted for mea	It I will be fully resp erved in Proprietary aving 25% or more als served shall be	oonsible for y TXIX Adul e participan e submitted	r any exc alt Day C ats received I to the S	cess amounts are Centers ving Title XIX state Agency	s which ma and Propri /Title XX b by the 10t	ay result from etary TXX Ch benefits enroll h of the mont	erroneous ild Day Car ed for this o h, but no la	or neglectful r re and Adult D claim period. I ter than the le	eporting ay Care further gislatively
		60 days after the e										
		and other evidence fiscal year to which							inee years ar	ter the date	or the infat St	HOISSIIIIGE
		other benefits may	be paid out unde								ations (7 OFR	226).
Print Nam	ie			Signature of	Authoriz	zed Re	presentat	tive & D	ate	Title		
Do	nna	F. Schein		Agresa) & &	Sil		2/10	2/11	Deg	outy)	ector-

* * *

Government of the District of Columbia OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION WELLINESS AND NUTRITION SERVICES

Agreement Number			LOS AND I	Name and Address of the Owner, where the Owner, which is the Owner, whi	-	BRUAR	AND REAL PROPERTY AND PERSONS ASSESSED.	Year	2011	Amended
Sponsor Name	DCPS			-	-	2.576.74		rear	12011	Milenaca
Address1	3535 V ST NE			Fax	_	2.576.68	the state of the s			
Address2	TOUGH OF INE			EMail	_		s@dc.gov			
City	Washington	State DC	ZIP	20018	100	an Cy. Willia	Steuc.gov			
1. General Data	recomington	Lunch	Breakfast	SN Bre	ak	fact	Snack	Area Fli	gible Sna	ck
a. Number of School	s Participating	121	10	SIN DIE	11	_	0	Area Li	2	
Number of School O		17	17		1	Name and Address of the Owner, where the Owner, which is the O	0		17	
c. Enrollment	pordang Dayo	44437	3767		_	370	0		1298	
d. Total Monthly Atte	ndanco				-	1		ihe	1200	
e. Number Approved	for Free	738910	Maximum [17	d. Average Da	llly	4	3466
f. Number Approved	for Poduced	27910	Meals Serv	ice			Attendance			
g. Average Daily Par	ticination	2727	005	ION DJ.		40040	Del Tatal	Luciale	ICl-	TAE Consider
2. Average Daily Fai	ucipation	Breakfast	285	SN Brk		16248	Brk Total	Lunch	Snack	AE Snack
2. Student Lunch P Lunch	articipation an	d Kelmbursen		D.1	1		16533	26997	0	120
a. Free		Meals Served		Rates	-		***********			
b. Reduced		335376	X	\$2.74	=		\$918,930.24			
c. Paid		31033	Х	\$2.34	=		\$72,617.22			1=
		92546	Х	\$0.28	=		\$25,912.88	\$1,0	17,460.34	Subtotal
d. Total Student Lun		458955								
3. Student Breakfas	st Participation	and Reimburg			,					
Regular Breakfast		Meals Served		Rates						
a. Free		1202	Х	\$1.48	=		\$1,778.96			
b. Reduced		329	Х	\$1.18	=		\$388.22			
c. Paid		3300	X	\$0.26	=		\$858.00		\$ 3,025.18	Subtotal
Severe Need Break	fast	Meals Served	Times	Rates						
d. Free		214212	X	\$1.76			\$377,013.12			
e. Reduced		17297	X	\$1.46			\$25,253.62			
f. Paid		44706	X	\$0.26			\$11,623.56	\$4	13,890.30	Subtotal
g. Total Student Brea		281046						\$4	16,915.48	Brk Total
4. Student Snacks	Participation ar	nd Reimburser								
Snacks		Meals Served	Times	Rates						
a. Free			Х	\$0.74	=		\$0.00			
b. Reduced			Х	\$0.37	=		\$0.00			
c. Paid			Х	\$0.06	=		\$0.00			
d. Area Eligible Free		2042	X	\$0.74	=		\$1,511.08			
e. Total Student Sna		2042							\$1,511.08	Subtotal
5. TOTAL FUNDS R		MONTH				6. CASH	EXPENDITUR	ES THIS	MONTH	
a. Student Payments						a. Food			_	168,296.39
b. Adult Payments						b. Labor				218,231.65
c. USDA Payments (2+3+4)	\$1.	435,886.90			c. Other				217,699.31
d. Other Receipts										
e. Total Received		\$1.	435,886.90			d. Total	Expenditures		\$2	604,227,35

accordance with the terms of existing Agreement(s); I recognize that I will be fully responsible for any excess amounts which may result from erroneous or neglectful reporting herein. I FURTHER CERTIFY THAT ALL CLAIMS FOR REIMBURSEMENT SHALL BE SUBMITTED TO THE STATE AGENCY BY THE 10TH DAY OF THE MONTH but no later than the legislatively mandated deadline of 60 days after the end of the claim month. I understand that failure to submit claims within the 60-day deadline may result in such claims not being paid.

All receipts, invoices and other evidence of purchase must be retained and available for future audits for a period of three years after the date of the final submission of the final claim for the fiscal year to which they pertain, or longer if related to an audit or investigation in progress.

Print Name of Authorized Representative

Signature of Authorized Representative

NSLP Claim for Reimbursement (Revised 2/05)

Deputy Director OFNS
Title of Authorized Representative

4-1-11 Date of Preparation

PR'11 RC

Government of the District of Columbia OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION WELLNESS AND NUTRITION SERVICES HEALTHY SCHOOLS ACT

Agreement Number		CENESS AND	NOTKITION	Month	_		HT SCHOOLS	Year	2011	Amended
Sponsor Name	DCPS	and the same of th				2.576.74	በበ	1 Cui	72011	Mineriaca
Address1	3535 V ST NE		, , , , , , , , , , , , , , , , , , ,	Fax		2.576.78				L
Address2	, , , , , , , , , , , , , , , , , , ,			EMail			@dc.gov			
City	Washington	State	ZIP	20019	1	.,		1		
1. General Data		Lunch	Breakfast							
a. Number of Schoo	ls Participating	121	121							
b. Number of Days of		17	17	1						
c. Enrollment		44437	44437	l					•	
d. Total Monthly Atte	endance	738910	Maximum E	Days of 17			Average Daily	,	40	ACE
Number Approved for		27910	Meals Serv			17	Attendance		43	465
Number approved R	teduced	2727				·····				
2. Student Lunch P	articipation and	d Reimbursen	nent							
Lunch		Meals Served	Times	Rates]					
All Meals SEC. 202	& 203	408789	X	\$0.10	=		\$40,878.90			
b. Reduced		28451	X	\$0.40	=		\$11,380.40			
All Meals-Local		408789	Х	\$0.05	=		\$20,439.45		\$72,698.7	5 Subtotal-2
3. Student Breakfas	st Participation		sement							
Regular Breakfast		Meals Served	Times	Rates	L.					
All Meals SEC. 202	& 203	269321	Х	\$0.10	=		\$26,932.10			
b. Reduced		16906	Х	\$0.30	=		\$5,071.80			
c. Paid		45458	X	\$1.50	=		\$68,187.00		\$100,190.9	0 Subtotal-3
4. TOTAL FUNDS R	RECEIVED THIS	MONTH								
				i		COMME	NTS			
						!				
c. HSA Payments (2	+3)	\$	172,889.65							
				:						ľ
e. Total Received			172,889.65	·						
I certify that to the best of with the terms of existing a FURTHER CERTIFY THA OUTLINED IN SECTIONS SERVING MODELS AS F	Agreement(s); I reco AT ALL CLAIMS FOR S 202, 203, 205, AND REQUIRED BY THE	gnize that I will be R REIMBURSEME D 206 OF THE LEC ACT.	fully responsibl NT ARE BASE GISLATION. T	le for any o D UPON O HIS INCLI	exce COM UDE	ess amounts IPLIANCE \ SS SERVING	s which may result t WITH THE DC HEA G BREAKFAST IN T	from error ALTHY SC THE CLA	neous or neglectful CHOOLS ACT REG SSROOM AND/OR	reporting herein. I UIREMENTS AS ALTERNATIVE
All receipts, invoices and o claim for the fiscal year to							eriod of three years	after the d	late of the final subr	nission of the final
Donna F	Schein						Depu	tu!	Director	~
Print Name of Autho					Title of Authori	zed Re	presentative			
								·		
Sourschen							7/7	/11		
Signature of Authoriz	z è d Representat						Date of Prepar	ation		

Government of the District of Columbia – Office of the State Superintendent of Education Wellness and Nutrition Services – Child and Adult Care Food Program CLAIM FOR REIMBURSMENT (AT-RISK AFTERSCHOOL CARE PROGRAM)

1. Agreement I	Number			PI	ace an "X" in the	box if this is an	Adjuste	ed Claim	1
2. Name and A	ddress of Spo	nsor							
Name	DC Public S	chools			3. Claim Period	Month Febru	uary Y	Year 201	1
Address	3535 V St NE	I			5. Number of P	ood Service Op articipants Atte	nding th	ne At-Ri	
City	Washington	1			count)	is Claim Period	(unaupi	iicated r	1ead
State	DC	Zip Code	20018		Free (All participant	s' meals will be reimbur	sed at the fro	ee rate.)	
Contact Person Name	Jeffrey Mills				11,793				
Telephone #	202-574-7603	3							
6. Total Number Operated This Cl		es	7. Total Atte	endance		8. Averag	ge Daily	Attenda	nce
a At-F	Risk Snack		7.100.710	a. At-Risk S	nack		a. At	-Risk Sn	ack
	Risk Suppers		158,687	b. At-Risk \$	Suppers	9,335	b. A	t-Risk Si	uppers
158,687 supp	pers served x \$2.	72 = \$426,188.	64 + 158,687 sup	ppers served >	x \$0.2025 = \$32,134.	1175. Total Expe	cted: \$45	8,322.76	
a. Number Partici *unduplicated head Other Notes:	ipants Served i	n the Snack f	Program*:	ed in the me	_ b. Total # of At Total # of At-Risk emo given to Care count for Februar	Snacks Served:	1/11. Th	ne total r	number
I certify that to the bes with the terms of exist herein. I further certify Centers are submitted certify that this claim a mandated deadline of	st of my knowledge ting agreements (s y that claims submid only for those ind and/or addendum s f 60 days after the	e and belief, this); I recognize tha itted for meals se lividual centers h submitted for me end of the claim	claim is true and co at I will be fully resp erved in Proprietary aving 25% or more als served shall be month. I understan	orrect in all responsible for any TXIX Adult Dae participants resubmitted to the data that failure to	ects, that records are a excess amounts which y Care Centers and Proceiving Title XIX/Title X e State Agency by the submit claims within the	available to support the may result from erroprietary TXX Child EXX benefits enrolled for 10th of the month, but the 60 days may resulted.	his claim thoneous or r Day Care a or this clain ut no later t it in such cl	nat is in acc neglectful r and Adult D m period. I than the le laims not b	cordance eporting day Care further gislatively being paid.
the final claim for the	fiscal year to which	n they pertain, or	longer if related to	an audit or inve	ture audits for a period estigation in progress.				
	other benefits may	be paid out und			S completed and filed a		g regulation Title	ns (7 OFR	226)
Print Name	Scheir		Agna Mann	a Soll	Representative &	9/11	Deput	ty 8	irector

Agreement Number				Month	M	ARCH		Year	2011	Amended
Sponsor Name				Phone 202.576.7400						
Address1 3535 V ST NE		No. of the last of		Fax	Fax 202.576.683		35			
Address2		THE PARTY OF THE PARTY.		EMail Jeffrey.Mills@dc.gov						
City	Washington	State DC	ZIP	20018						
1. General Data		Lunch				fast	Snack	Area Eligible Snack		
a. Number of Schools Participating		121	10	111			0	2		
Number of School Operating Days		22	22	22			0	22		
c. Enrollment		44853	3764	41089			0		1315	
d. Total Monthly Attendance		923449	Maximum [Dave of			d. Average Da	ilve	ih	
e. Number Approved for Free		25770	Meals Serv			22	Attendance	illy	41975	
f. Number Approved for Reduced		2127	INICAIS OCTA				Attendance			
g. Average Daily Participation		Breakfast	302	SN Brk		17088	Brk Total	Lunch	Snack	AE Snack
2. Student Lunch Participation and				SIN DIK	_	17000	17390	26568	0	129
Lunch		Meals Served		Rates	1		17390	20000	0	129
a. Free		427270	X	\$2.74	=		¢4 470 740 00			
b. Reduced		38854	X		=		\$1,170,719.80			
c. Paid			X	\$2.34	=		\$90,918.36	04.0	04 770 50	10.14.4.1
	ahoe	118362	^	\$0.28	13		\$33,141.36	\$1,2	34,779.52	Subtotal
d. Total Student Lunches 584486 3. Student Breakfast Participation and Reimbursement										
	t Participation	0-1	1							
Regular Breakfast a. Free		Meals Served		Rates			40 440 00			
b. Reduced		1632	X	\$1.48	=		\$2,415.36			
c. Paid		440	X	\$1.18	=		\$519.20			15
THE RESERVE AND ADDRESS OF THE PARTY OF THE		4556	X	\$0.26	=		\$1,184.56		54,119.12	Subtotal
Severe Need Breakt	ast	Meals Served		Rates						
d. Free		280614	Х	\$1.76	=		\$493,880.64			
e. Reduced		23153	X	\$1.46	=		\$33,803.38			
f. Paid		72155	X	\$0.26	=		\$18,760.30			Subtotal
g. Total Student Brea		382550						\$5	50,563.44	Brk Total
4. Student Snacks F	Participation ar									
Snacks		Meals Served	Times	Rates						
a. Free			X	\$0.74			\$0.00			
b. Reduced			X	\$0.37	=		\$0.00			
c. Paid			X	\$0.06	=		\$0.00			
d. Area Eligible Free		2836	X	\$0.74	=		\$2,098.64			
e. Total Student Snacks		2836								Subtotal
5. TOTAL FUNDS R	MONTH					EXPENDITUR	ES THIS			
a. Student Payments						a. Food			\$1,	387,840.51
b. Adult Payments					b. Labor				\$1,302,575.97	
c. USDA Payments (2+3+4)		\$1,847,441.60			c. Other				\$	198,557.81
d. Other Receipts										
e. Total Received		\$1,	847,441.60			d. Total E	Expenditures	SHOPE	\$2,	888,974.29
I certify that to the best of	my knowledge and	belief, this claim is	true and corre	ct in all re	spe	cts, that rec	ords are available	to support t	his claim, th	nat it is in
accordance with the terms	of existing Agreem	ent(s); I recognize	that I will be fu	illy respon	sibl	le for any ex	cess amounts whi	ch may res	ult from erro	neous or
neglectful reporting herein. 10TH DAY OF THE MONT										
claims within the 60-day de				ille oi oo c	Jay:	s aiter the er	id of the claim ino	ini. i dildei	Stanu mat id	andie to submit
All receipts, invoices and of			0.	o for futur		ulity for a pay	riad of three years	for the dat	e of the final	l submission of
the final claim for the fiscal	year to which they	pertain, or longer i	f related to an	udit or in	vest	igation in pr	ogress.	mer the dar	. Of the amai	\$40111339011 01
Donald School										
Donna J. Schein							seput		rect or	
Print Name of Authorized Representative										9
0	*							1		
At low MA						5/13	/11			
] mells					/ - ,			
NSI/P Claim for Reimbursement (Revised 2/05)										
NSI(P Claim fo	or Reimburseme	ent (Revised 2/	05)							

Agreement Number		LINEOU AIND	10111111011	Month			111 00110020	Year	2011	Amended
Sponsor Name	DCPS					2.576.74	ĥΩ	1001	12011	7411011404
Address1	3535 V ST NE			Fax		2.576.78		1		
Address2	0000 V 01 112	• · · · · · · · · · · · · · · · · · · ·	· . ·				@dc.gov	1		
City	Washington	State	ZIP	20019	IΞΞ	1110311111110	[J		
1. General Data	Trace I I I I I I I I I I I I I I I I I I I	Lunch	Breakfast	1-00.0			l.			
a. Number of Schoo	ls Participating	121	121							
b. Number of Days		22	22							
c. Enrollment		44853	44853	Ĭ						
d. Total Monthly Atte	endance	923449	Maximum E	avs of		00	Average Daily	'	4.4	075
Number Approved for		25770	Meals Serv			22	Attendance		41	975
Number approved R		2127								
2. Student Lunch F	articipation and	d Reimbursen	nent							
Lunch		Meals Served		Rates	1			•	•	· · · · · · · · · · · · · · · · · · ·
All Meals SEC. 202	& 203	526157	Х	\$0.10	=		\$52,615.70			
b. Reduced		35897	Х	\$0.40	=	,	\$14,358.80			
All Meals-Local		526157	Х	\$0.05	=		\$26,307.85		\$93,282.3	35 Subtotal-2
3. Student Breakfas	st Participation	and Reimbur								
Regular Breakfast		Meals Served		Rates						
All Meals SEC. 202	& 203	367013	Х	\$0.10	=		\$36,701.30			
b. Reduced		22681	X	\$0.30	=		\$6,804.30			
c. Paid 73313 X \$1.50 = \$109,969.50 \$153,475.10 Su					10 Subtotal-3					
4. TOTAL FUNDS R	ECEIVED THIS	MONTH		_						
			<u> </u>			COMME	NTS			•

c. HSA Payments (2	+3)	\$	246,757.45							
				i						
e. Total Received		,	246,757.45	·	1					
I certify that to the best of with the terms of existing FURTHER CERTIFY THA OUTLINED IN SECTIONS SERVING MODELS AS F	Agreement(s); I reco AT ALL CLAIMS FOR S 202, 203; 205, ANI	gnize that I will be R REIMBURSEME D 206 OF THE LEG	fully responsib NT ARE BASE	le for any D UPON (exce CON	ess amounts IPLIANCE \	which may result MITH THE DC HEA	from erron ALTHY SC	eous or neglectful HOOLS ACT REC	reporting herein. I QUIREMENTS AS
All receipts, invoices and o claim for the fiscal year to							eriod of three years	after the d	ate of the final sub	mission of the final
	Schein						Title of Author	3_2	tirecto	
Print Name of Autho	nzea kepresent	4					Tille of Author	zeu mer	левентануе	
Downso	hon						7/7/	///	:	
Signature of Authoriz	zed Representat						Date of Prepar	ration		

Government of the District of Columbia – Office of the State Superintendent of Education Wellness and Nutrition Services – Child and Adult Care Food Program CLAIM FOR REIMBURSMENT (AT-RISK AFTERSCHOOL CARE PROGRAM)

1. Agre	ement l	Number	CACFP #:		Pla	nce an "X" in the b	ox if this is a	n Adjust	ted Claim	1
			NSLP #:							
2. Name	and A	ddress of Spo	onsor							
Nama		DO Darbija O	ah a ata			3. Claim Period	Month Mar	ch	Year 201	1
Name		DC Public S	cnools							
Addres	s	3535 V St NE				4. Number of Foo	rticipants Att	ending t	the At-Ris	
City		Washington	,			Program for this count)	Claim Period	a (unauf	oncated n	ieau
State		DC	Zip Code	20018		Free (All participants'	meals will be reimb	ursed at the	free rate.)	
Contact Person Name	-	Jeffrey Mills				11,721				
Telepho	one #	202-574-7603								
		of Program Typ aim Period	es	7. Total Att	endance		8. Avera	ige Daily	Attenda	nce
	a. At-f	Risk Snack			a. At-Risk Sı	nack		a. A	t-Risk Sn	ack
100	b At-	Risk Suppers		200,589	b. At-Risk S	uppers	9,118	b. A	At-Risk Su	ippers
200,5	589 supp	ers served x \$2.7	72 = \$545,602.	08 + 200,589 su	ppers served x	\$0.2025 = \$40,619.27	725. Total Exp	ected: \$58	86,221.35	
	r Partici	pants Served i				b. Total # of At-Ri			200,58	9
Other Not	tes:	Hamilton Cen	ter's At-Risk	Supper Prog	ram ended th	is month.				
with the term herein. I furth Centers are certify that the mandated de	ns of exist ther certify submitted his claim a eadline of	ing agreements (s that claims submi donly for those ind and/or addendum s 60 days after the); I recognize that tted for meals se ividual centers has submitted for meal end of the claim re	t I will be fully responded in Proprietary aving 25% or more als served shall be month. I understar	consible for any e y TXIX Adult Day e participants rec e submitted to the end that failure to s	ects, that records are avalences amounts which m Care Centers and Propreiving Title XIX/Title XX State Agency by the 10 submit claims within the 6	nay result from end rietary TXX Child benefits enrolled th of the month, be 60 days may resu	roneous or Day Care a for this clai but no later ult in such c	neglectful re and Adult Da im period. I than the leg claims not be	eporting ay Care further gislatively eing paid.
						re audits for a period of stigation in progress.	three years after	the date of	the final su	bmission o
No further m	onies or o	other benefits may	be paid out unde	er the program unl	ess this report is	completed and filed as r	equired by existing	ng regulatio	ons (7 OFR :	226).
Print Nan	ne			Signature of	Authorized F	Representative & D	ate	Title		
Donn	a F	Schein	1	Virua	Sehi	n 4/19/	10	Depu	430	ector

Agreement Number Month | APRIL Year 2011 Amended Sponsor Name DCPS Phone 202.576.7400 Address1 3535 V ST NE 202.576.6835 Fax Address2 Jeffrey.Mills@dc.gov **EMail** City Washington State DC ZIP 20018 1. General Data Lunch Breakfast SN Breakfast Snack Area Eligible Snack a. Number of Schools Participating 121 10 111 0 2 Number of School Operating Days 14 0 14 14 14 c. Enrollment 44825 3780 41045 0 1314 d. Total Monthly Attendance 586760 Maximum Days of d. Average Daily 14 41912 e. Number Approved for Free 25850 Meals Service Attendance f. Number Approved for Reduced 2135 g. Average Daily Participation Breakfast 297 SN Brk 17482 **Brk Total** Lunch Snack AE Snack 2. Student Lunch Participation and Reimbursement 26646 17779 114 Lunch Meals Served **Times** Rates a. Free 272930 \$2.74 \$747,828.20 X b. Reduced 25100 X \$2.34 \$58,734.00 c. Paid 75018 X \$0.28 \$21,005.04 \$827,567.24 Subtotal d. Total Student Lunches 373048 3. Student Breakfast Participation and Reimbursement Regular Breakfast Meals Served **Times** Rates a. Free 1026 \$1.48 X \$1,518.48 b. Reduced X \$1.18 279 = \$329.22 c. Paid 2849 X \$0.26 = \$740.74 \$2,588.44 Subtotal Severe Need Breakfast Meals Served Times Rates d. Free 182509 X \$1.76 \$321,215.84 e. Reduced \$1.46 15126 X = \$22,083.96 f. Paid X \$0.26 \$12,249.38 \$355,549.18 Subtotal 47113 g. Total Student Breakfasts \$358,137.62 Brk Total 248902 4. Student Snacks Participation and Reimbursement Meals Served **Times** Rates a. Free X \$0.74 \$0.00 b. Reduced X \$0.37 \$0.00 c. Paid X \$0.06 \$0.00 d. Area Eligible Free 1601 X \$0.74 \$1,184.74 e. Total Student Snacks 1601 \$1,184.74 Subtotal 5. TOTAL FUNDS RECEIVED THIS MONTH 6. CASH EXPENDITURES THIS MONTH a. Student Payments a. Food \$1,232,827.19 b. Adult Payments b. Labor \$1,326,309.70 c. USDA Payments (2+3+4) \$1,186,889.60 c. Other \$190,662.87 d. Other Receipts e. Total Received \$1,186,889.60 d. Total Expenditures \$2,749,799.76

I certify that to the best of my knowledge and belief, this claim is true and correct in all respects, that records are available to support this claim, that it is in accordance with the terms of existing Agreement(s); I recognize that I will be fully responsible for any excess amounts which may result from erroneous or neglectful reporting herein. I FURTHER CERTIFY THAT ALL CLAIMS FOR REIMBURSEMENT SHALL BE SUBMITTED TO THE STATE AGENCY BY THE 10TH DAY OF THE MONTH but no later than the legislatively mandated deadline of 60 days after the end of the claim month. I understand that failure to submiclaims within the 60-day deadline may result in such claims not being paid.

All receipts, invoices and other evidence of purchase must be retained and available for future audits for a period of three years after the date of the final submission of the final claim for the fiscal year to which they pertain, or longer if related to an audit or investigation in progress.

Print Name of Authorized Representative

Signature of Authorized Representative

NSLP Claim for Reimbursement (Revised 2/05)

Deputy Director
Title of Authorized Representative

5 /20 / II
Date of Preparation

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	77	CELATOO WIAD	NOTIVITOR		ᆫ	コールアゲー	III OUTIOULO	ACI		
Agreement Number				Month	_			Year	2011	Amended
Sponsor Name	DCPS		1 11	Phone	20	2.576.74	00		***************************************	
Address1	3535 V ST NE			Fax		2.576.78		1		L ,
Address2				EMail			@dc.gov			
City	Washington	State	ZIP	20019	•					
1. General Data		Lunch	Breakfast				'			
a. Number of Schoo	ls Participating	121	121							
b. Number of Days of		14	14	1						
c. Enrollment		44825	44825]						
d. Total Monthly Atte	endance	586760	Maximum E	Days of			Average Daily			
Number Approved for	or Free	25850	Meals Serv			14	Attendance		41	911
Number approved R	educed	2135								
2. Student Lunch P	articipation an	d Reimbursen	nent							
Lunch		Meals Served	Times	Rates	1					
All Meals SEC. 202	& 203	346422	Х	\$0.10	╘		\$34,642.20			
b. Reduced		23673	Х	\$0.40			\$9,469.20			
All Meals-Local		346422	Х	\$0.05	=		\$17,321.10		\$61,432.5	0 Subtotal-2
3. Student Breakfas	st Participation	and Reimbur	sement			•				
Regular Breakfast	<u> </u>	Meals Served	Times	Rates	1					
All Meals SEC. 202	& 203	238253	X	\$0.10	=		\$23,825.30			
b. Reduced		14785	Х	\$0.30	=		\$4,435.50			
c. Paid		47704	Х	\$1.50	=	-	\$71,556.00		\$99,816.8	0 Subtotal-3
4. TOTAL FUNDS R	ECEIVED THIS	MONTH								
			2.7.5			COMME	NTS			
_										
c. HSA Payments (2-	+3)	\$	161,249.30							
		.* .								
e. Total Received			161,249.30							
I certify that to the best of	my knowledge and b	oelief, this claim is	true and correc	t in all res	pec	ts, that reco	rds are available to	support t	his claim, that it is i	n accordance
with the terms of existing A	Agreement(s); I reco	gnize that I will be	fully responsibl	le for any	exce	ess amounts	which may result f	rom error	neous or neglectful	reporting herein, I
FURTHER CERTIFY THA OUTLINED IN SECTIONS										
SERVING MODELS AS R			31013 (11014: 11	ING MOL	,,,,,	OLIVIN	DINEMIN NOT IN	ITIL QLA	OOKOONI ANDION	ALIENNATIVE
All receipts, invoices and of	ther evidence of nurc	hase must be retair	ed and availabl	le for futur	re ar	idits for a ne	riod of three years	after the o	late of the final sub-	nission of the final
claim for the fiscal year to							or all the years	arior bile (masson of the mut
	25	<u> </u>						er-man		
Donnatis	wheih						Depu	tu	Director	
Print Name of Author	ized Represent						Title of Authori			
- /-	>						, 5() (63) (61)	4	J. 530/114/114	
A) . IX	Die						-7/6	, /		
MANUEL	alk						7/8			
Signature of Authoriz	ed Representat						Date of Prepar	afion		

Government of the District of Columbia – Office of the State Superintendent of Education Wellness and Nutrition Services – Child and Adult Care Food Program CLAIM FOR REIMBURSMENT (AT-RISK AFTERSCHOOL CARE PROGRAM)

			T								
			CACFP #:		Р	lace an "X" in t	the box i	f this is an	Adjusted (Claim	
1. Agre	ement	Number	NSLP #:								
2. Name	e and A	ddress of Spo									
Name		DC Public S	chools			3. Claim Per	riod M	onth April	Yea	r 2011	
Addres	s	3535 V St NE				4. Number of					19 k
City		Washington				Program for count)	r this Cla	im Period	(unduplica	ted he	ead
State		DC	Zip Code	20018		Free (All partici	ipan ts' meals	s will be reimburs	ed at the free ra	le.)	
Contac Person Name	_	Jeffrey Mills				10,683					
Telepho	one #	202-574-7603	3			10,000					
							[
		of Program Typ laim Period	es	7. Total At	tendance			8. Average	e Daily Atte	ndan	ce
4	a. At-l	Risk Snack		858	a. At-Risk S	Snack		45	a. At-Ris	k Sna	ick
99	b At	Risk Suppers		126,267	b. At-Risk	Suppers	ļ	6646	b. At-Ri	sk Տալ	ppers
- 55	<u> D. At-</u>	тток опррега		<u> </u>							
126,2	2 67 supp	pers served x \$2.	7 2 = \$ 3 43,446.	24 + 126,267 s Total Expected		x \$0.2025 = \$25,	569.07 + 8	858 snacks se	erved x \$0.74	= \$63	4.92
9. a Numbei	r Partici	pants Served ii	n the Supper	Program*:	10,683	b. Total # of .	At-Risk S	Suppers Ser	ved: 12	26,267	,
	r Partici	ipants Served i				b. Total # of /					
						neal counts for arolyn Wait on			ES, Powel	I ES, a	and
I certify that with the term herein, I furti Centers are certify that th	to the bes ns of exist her certify submitted his claim a	st of my knowledge ting agreements (s) that claims submit d only for those ind and/or addendum s	and belief, this); I recognize tha tted for meals se ividual centers h submitted for me	claim is true and out I will be fully reserved in Proprietar aving 25% or morals served served served served served shall be	correct in all responsible for any TXIX Adult Dare participants rees submitted to the	pects, that records a excess amounts why y Care Centers and ceiving Title XIX/Tit te State Agency by submit claims withi	are available hich may red Proprietar tle XX bene the 10th of	e to support thi sult from error y TXX Child Da fits enrolled for the month, but	neous or negle ay Care and A r this claim per t no later than	ctful rep dult Day riod I fu the legis	oorting y Care urther slatively
the final clair	m for the	fiscal year to which	they pertain, or	longer if related t	o an audit or inv	ture audits for a per estigation in progres	SS.				
		other benefits may	be paid out unde			s completed and file				OFR 22	26).
Print Nan	ne		-	Signature of	Authorized	Representative	e & Date	, 1	Title		
Don	ina f	1. Schei	\wedge	Dru	wa Zili	lèn 5	1/13/	// //	Seputy	De	rector
					/ }	<i>_</i>					



		**	LOU AIID II	O 1 171 1 1	711	OFICATO	LU			
Agreement Number			-	Month	_			Year	2011	Amended
Sponsor Name	DCPS			Phone	20	2.576.74	00			
Address1	3535 V ST NE			Fax		2.576.683				
Address2				EMail	_		@dc.gov			
City	Washington	State DC	ZIP	20018						
1. General Data		Lunch	Breakfast	SN Bre	aki	fast	Snack	Area Elic	gible Sna	ck
a. Number of School	s Participating	121	10	0.1.	11		0	rtrou <u>en</u>	2	
Number of School O		20	20		20		0		20	-
c. Enrollment	polaning puly	44825	3780	4	<u>110</u>		0		1314	
d. Total Monthly Atte	ndance		Maximum D			l -	d. Average Da	l		
e. Number Approved		25791	Meals Servi			20	Attendance	ııı y	4	1464
f. Number Approved		2136	IVICAIS OCIVI			<u> </u>	Attenuance			
g. Average Daily Par		Breakfast	293	SN Brk	Γ-	17056	Brk Total	Lunch	Snack	AE Snack
2. Student Lunch P				OIT DIK	<u> </u>	17030	17349	26111	0	136
Lunch	articipation and	Meals Served		Rates	ı		17343	20111		130
a. Free		380588	X	\$2.74	╘	T	\$1,042,811.12			
b. Reduced		35306	X	\$2.34	╘		\$82,616.04			
c. Paid		106317	X	\$0.28	Ē		\$29,768.76	64.41	EE 40E 02	Subtotal
d. Total Student Lun	char	522211	^	\$0.20			\$25,700.70	\$1,1 3) 0, 190 .92	Subtotai
3. Student Breakfas			namant							
Regular Breakfast	si Participation	Meals Served		Rates	ı					
a. Free		1488	X	\$1.48	╘		\$2.202.2 <i>4</i>			
b. Reduced		409	X	\$1.48	=		\$2,202.24 \$482.62			
c. Paid		3960	$\frac{\hat{x}}{x}$	\$0.26	=				12 74 4 40	Subtotal
Severe Need Break	fact	Meals Served			-		\$1,029.60		93,714.40	Subtotai
d. Free	Tast		X	Rates	=	<u> </u>	6402 454 04	1		
e. Reduced		263154	X	\$1.76 \$1.46	=		\$463,151.04			
f. Paid		22141	X	\$0.26	=		\$32,325.86	6 - (20 000 00	0
g. Total Student Brea	n lefo a ta	55822	^	\$0.20			\$14,513.72			Subtotal
		346974		l				\$ 5	13,705.08	Brk Total
4. Student Snacks I Snacks	Participation at	Meals Served		Rates	ı					
a. Free		IVICAIS SELVEU	X	\$0.74	=		\$0.00			
b. Reduced			X	\$0.37	=		\$0.00			
c. Paid			X	\$0.06	=		\$0.00			
d. Area Eligible Free		2725	X	\$0.74	=		\$2,016.50			
e. Total Student Sna		2725		+ • · · ·			+2,010100	9	2.016.50	Subtotal
5. TOTAL FUNDS R		•				6. CASH	EXPENDITUR			10000000
a. Student Payments						a. Food			1	431,569.45
b. Adult Payments						b. Labor				259,990.07
c. USDA Payments ((2+3+4)	\$1.	670,917.50			c. Other	-			184,049.76
d. Other Receipts	•		•							•
e. Total Received		\$1.	670,917.50			d. Total	Expenditures		\$2.	875,609.28
I certify that to the best of		belief, this claim is	s true and corre		spe	ects, that red	cords are available		this claim, tl	hat it is in
accordance with the terms				•		•		•		
neglectful reporting hereir										
10TH DAY OF THE MON claims within the 60-day of		-		iine of 60	uay	s aπer the e	end of the claim mo	ontn. I under	stand that f	allure to submi
All receipts, invoices and or				la for fut		udite for a	priod of three vec	often the de-	a of the fir-	l auhmission of
the final claim for the fisca	-					-	•	AILEI LIIE UAI	e or me ma	1 24101111221011 01

sonne F. Schein Print Name of Authorized Representative

Signature of Authorized Representative

eputy Title of Authorized Representative

Date of Preparation

Government of the District of Columbia
OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION

Agreement Number			新華和西班牙斯 等 是 1 1 1	Month			うなってつこうには、	The lost to at the state of the second	
Sponsor Name DC	DCPS				i C	262 575 7.480	The Tear Year		Amended
	3535 V ST NE			Fa 7	100	202 676 7076		iciti)	
Address2 Kall			C 147	FMail	0 110				
City	Mashington	State - I - I - I - I - I - I - I - I - I -	ZP	20R10					
1. General Data		Lunch	Breakfast					•	
a. Number of Schools Participating	ticipating	阿利特/24				31 E 17 F 1-5 Let			
 b. Number of Days of School 	joo		20	4					Total
c. Enrollment		44825	44825						Table of the second
d. Total Monthly Attendance	8	829263	Maximim Days of	ave of					
Number Approved for Free	ø	25791		5	v	ج ج ج	Average Dally Attendance	41463	
Number approved Reduced	R	2136				-			
2. Student Lunch Participation and	I—	Reimbursement				-			
Lunch		Meals Served	Times	Rates	_	j			
All Meals SEC. 202 & 203		961/205	×	\$0.10	ŧ		\$50 740 CA		
b. Reduced		- 1-34415 -	×	S	11		250 766 00		
All Meals-Local		507/196	×	200	1		00.00 1.00 e.	7 00 00 00 00 00 00 00 00 00 00 00 00 00	
3. Student Breakfast Participation		and Reimbursement	ent				00.000,000	\$89,845,40 Subtotal-2	subtotal-2
Regular Breakfast		Meals Served	Times	Dates				٠	
All Meals SEC, 202 & 203	~	331942	×	\$0.10	Į.		200 404 200		
b. Reduced		Property Control of the Control of t	×	\$0.30	Ħ		60 00 00		-
c. Paid			×	S.1.50	ļ i		0000	7 40 107 004	
4. TOTAL FUNDS RECEIVED THIS		MONTH					00.00	\$53,194.20 Subtota -3	subtotal-3
				Passura. # ;	ပြ	COMMENTS		Total	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
c. HSA Payments (2+3)			5172 nag en	∆ 55.∎	-:		•	The second of th	
				Doğumlar				True de la constante de la con	
e. Total Received			\$123.039.60						
certify that to the best of my knowledge and belief, this claim is true and confect in all respects that remote are explicitly that to the best of my knowledge and belief, this claim is true and confect in all respects that remote are explicitly that the property of the confect in all respects that the confect in all respects that the confect in all respects that the confect in all respects that the confect in all respects that the confect in all respects that the confect in all respects that the confect in all respects that the confect in all respects that the confect in all respects that the confect in all respects that the confect in all respects that the confect in all respects that the confect in all respects that the confect in all respects that the confect in all respects that the confect in all respects that the confect in all respects that the confect in all respects the confect in all respects that the confect in all respects the confect in all respects that the confect in all respects	wledge and beli	ef, this daim is true a	ind correct in all	respects th		delicate energy	the contract the contract of the		Ţ
existing Agreement(s); I recognize that I will be fully responsible for any excess amounts which may recover a evaluation to Scient, that it is in accordance with the terms of CI AlmS FOR REIMBURSEMENT ARE BASED UPON COMPLIANCE WITH THE DC HEALTHY SCHOOLS ACT REQUIREMENTS AS OUTLINED IN SECTIONS 202, 203, 205, AND 202 CHE LEGISLATION. THIS INCLUDES SERVING BREAKFAST IN THE CLASSROOM AND/OR ALTERNATIVE SERVING MODELS AS REQUIRED BY THE ACT AND ACTOR AND ADDITIONS OF THE LEGISLATION.	e that I will be fu I ARE BASED I S INCLUDES S	lly responsible for an IPON COMPLIANCE ERVING BREAKFAS	y excess amoun WITH THE DC IT IN THE CLASS	ts which ma HEALTHY SROOM AN	y result f SCHOOL D/OR AL	S ACT REQUENTED TERMATIVE	e in support this gain, is or neglectful reportin IREMENTS AS OUTLI SERVING MODELS A:	fully responsible for any excess amounts which may result from errorecus or reglectful reporting herein. I FURTHER CERTIFY THAT ALL PON COMPLIANCE WITH THE DC HEALTHY SCHOOLS ACT REQUIREMENTS AS OUTLINED IN SECTIONS 202, 203, 205, AND SERVING BREAKFAST IN THE CLASSROOM AND/OR ALTERNATIVE SERVING MODELS AS REQUIRED RY THE ACT.	the terms of IFY THAT ALL 3, 205, AND
Au rectipts, involces and other evidence of purchase must be retained and available for fu Escal year to which they nerroin or known if relocat to an entition.	lence of purchas Plonoer if related	e must be retained an	d available for fu	inre audits f	or a perio	od of three ye	ers after the date of the	ese must be retained and available for future audits for a period of three years after the date of the final submission of the final claim for the	sim for the
Talescal year to when they herram, or	Fionper if related	I to an amilitar invocat	Counting in any						

fiscal year to which they pertain, or longer if related to an audit or investigation in progress.

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Date of Preparation

Government of the District of Columbia – Office of the State Superintendent of Education Wellness and Nutrition Services – Child and Adult Care Food Program CLAIM FOR REIMBURSMENT (AT-RISK AFTERSCHOOL CARE PROGRAM)

1 Agreem	ent Number	CACFP #:		PI	ace an "X" in the b	ox if this is an	Adjusted Claim	
i. Agreem	elit Müllibei	NSLP #:						
2. Name a	nd Address of Sp	onsor						
Name	DCPS				3. Claim Period	Month May	Year 2011	
Address	3535 V ST N	JE			4. Number of Fo	rticipants Atter	erating Days 20 nding the At-Risk (unduplicated head	
City	Washington	1			count)	Ciaim Period	unuupiicateu neau	
State	DC	Zip Code	20018		Free (All participants'	meals will be reimburs	ed at the free rate.)	
Contact								
Person Name	Jeffrey Mills	S			10,479			
Telephone	202 574 760)3						
	nber of Program Ty is Claim Period	/pes	7. Total At	tendance		8. Average	e Daily Attendance	
	At Diek Crook		7. FOGE PAGE		nack		a. At-Risk Snack	
	a. At-Risk Snack a. At-Risk Snack b. At-Risk Suppers 174,364 b. At-Risk Suppers 8718 b. At-Risk Suppers							
(A) 174,364	X \$2.72 = \$474	,270.08 (B) >	x174,364 X \$(0.2025 = \$ 3	5,308.71 TOTAL	EXPECTED =	= \$ 509,578.79	
	articipants Served	in the Supper	Program*:	10,479 b. To	tal # of At-Risk Supp	pers Served:	174,364	
a. Number Pa *unduplicated	articipants Served head counts	in the Snack	Program*:	b	. Total # of At-Risk \$	Snacks Served:		
	: per conversation v				for May has been reque	ested from DC Star	rs., and will be forwarded	
I certify that to the with the terms of herein. I further of Centers are subsecrify that this c	ne best of my knowled f existing agreements certify that claims subr mitted only for those in laim and/or addendum	ge and belief, this (s); I recognize the nitted for meals se idividual centers for me	claim is true and o at I will be fully res erved in Proprietar naving 25% or mor eals served shall be	correct in all resp ponsible for any ry TXIX Adult Da re participants re e submitted to th	excess amounts which m y Care Centers and Propi ceiving Title XIX/Title XX e State Agency by the 10	nay result from error rietary TXX Child Da benefits enrolled fo th of the month, but	is claim that is in accordance neous or neglectful reporting ay Care and Adult Day Care r this claim period. I further too later than the legislatively in such claims not being paid.	
	ices and other evidend or the fiscal year to whi					three years after th	e date of the final submission of	
	es or other benefits ma	y be paid out und			completed and filed as r		regulations (7 OFR 226).	
Print Name			Signature of	Authorized	Representative & D	Date 1	<u> </u>	
Donne	e F. Schei	(n	Drun	Sold	je 1/22/	///	Deputy Greton	

Agragment Number			2007111011		_			T		
Agreement Number				Month				Year	2011	Amended
Sponsor Name Address1	DCPS					2.576.74				
	3535 V ST NE			Fax		2.576.68				
Address2		la: . Iaa		EMail	Je	effrey.Mill	s@dc.gov			
City	Washington	State DC	ZIP	20018						
1. General Data		Lunch	Breakfast	SN Bre		***************************************	Snack	Area Eli	gible Sn	ack
a. Number of Schoo		121	10		11		0		2	
Number of School C	perating Days	14	14		1		0		14	
c. Enrollment		35410	3178		322	232	0		1314	
d. Total Monthly Atte		458560	Maximum [Days of		44	d. Average Da	aily		0755
e. Number Approved	for Free	19799	Meals Serv			14	Attendance		3	2755
f. Number Approved		1665								
g. Average Daily Pa	rticipation	Breakfast	279	SN Brk		14276	Brk Total	Lunch	Snack	AE Snack
2. Student Lunch P	articipation an	d Reimbursen	nent				14555	19670	0	79
Lunch		Meals Served		Rates	1		25.65.00			
a. Free		198702	Х	\$2.74	=		\$544,443.48	1		
b. Reduced		18926	X	\$2.34	=		\$44,286.84			
c. Paid		57756	X	\$0.28	=		\$16,171.68		04 902 0	Subtotal
d. Total Student Lun	ches	275384		40.20	_		\$10,177.00	40	07,00E.0	Joubtotai
3. Student Breakfas			sement							
Regular Breakfast		Meals Served		Rates	1					
a. Free		987	X	\$1.48	=		\$1,460.76	1		
b. Reduced		263	X	\$1.18	=		\$310.34			
c. Paid		2646	X	\$0.26	=		\$687.96		12 4ED 0	Subtotal
Severe Need Break	fact	Meals Served		Rates	-		\$007.30		\$2,459.0	Subtotal
d. Free	iust	152564	X	\$1.76	=	ı .	6200 E42 C4	1		
e. Reduced		13922	X	\$1.46			\$268,512.64			
f. Paid		33377	X	\$0.26	=		\$20,326.12		NT F40 70	DIG::b4-4-1
g. Total Student Brea	akfaete	203759	^	\$0.20			\$8,678.02			Subtotal
4. Student Snacks			mont	1				\$2	99,975.84	Brk Total
Snacks	articipation at	Meals Served		Dates	1					
a. Free		ivieais Serveu		Rates	_		00.00			
b. Reduced			X	\$0.74			\$0.00			
c. Paid				\$0.37			\$0.00			
d. Area Eligible Free		4400	X	\$0.06			\$0.00			
e. Total Student Sna		1109	X	\$0.74	=		\$820.66			
		1109								Subtotal
5. TOTAL FUNDS R	ECEIVED IHIS	MONIH					I EXPENDITUR	RES THIS	MONTH	
a. Student Payments						a. Food				988,253.70
b. Adult Payments	2.2.4	•	222 222 22			b. Labor				961,849.21
c. USDA Payments (2+3+4)	\$	905,698.50			c. Other				316,734.05
d. Other Receipts										
e. Total Received I certify that to the best of	mu knowledge and	haliaf this slains is	905,698.50			d. Total	Expenditures		\$2	,266,836.96
accordance with the terms neglectful reporting herein 10TH DAY OF THE MON claims within the 60-day of All receipts, invoices and of	s of existing Agreem I. I FURTHER CER TH but no later than leadline may result ther evidence of pure	nent(s); I recognize TIFY THAT ALL C in the legislatively m in such claims not thase must be retain	e that I will be find LAIMS FOR R nandated dead being paid. and available	EIMBURS line of 60	SEM days	le for any e IENT SHA s after the Idits for a p	excess amounts wh	ich may res O TO THE S onth. I under	ult from errors TATE AGE stand that	oneous or ENCY BY THE failure to submi
Print Name of Author	Schein	pertain, or longer i	if related to an	audit or in	vest	tigation in p	Title of Author	uts]	Sire	ton

NSLP Claim for Reimbursement (Revised 2/05)

Signature of Authorized Representative

Title of Authorized Representative

Government of the District of Columbia OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION

					200			
Sponsor Name	Deps			Dhone	207 272 2700		T 1207 1911 191	Amended
Address1	3535 VST NE			70.00	2001 212 606			THE STATE OF THE S
Address2				FMail	TOTTON			
	Washington		ZIP	20019				
I. General Data		Lunch	Breakfast					
a. Number of Schools Participating	Participating		1				10 H 4 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	**************************************
 b. Number of Days of School 	chool		1			Prince of the control	1341 1341 1441	
c. Enrollment		35410						All and a second a
d. Total Monthly Attendance	ance	458560	Maximum Dave of	and of		A:ON DOM:		
Number Approved for Free	ree	19799		5 2 7 8	<u>4</u>	Aftendance		32754
Number approved Reduced	nced	599)				On interior i		
2. Student Lunch Participation and		Reimbursement						
Lunch	•	Meals Served	Imes	Rates				
All Meals SEC, 202 & 203	203	240663	×	\$0.10	III	C24 066 20		
b. Reduced		47065	×	\$0.40 \$0.40	111	CE 226.00		-
All Meals-Local		240662	×	30.05		44.5 65.0 AP		7 2 2 2 2 2 2 2 2
3. Student Breakfast Participation a	Participation an	nd Reimbursement				912,033,13	342,	342,925.45 Subtotal-2
Regular Breakfast		Meals Served	Times	Rafes				
All Meals SEC. 202 & 203	203	195418	×	\$0.10	1	C10 544 80		
b. Reduced		建产度。由度从平均 有	×	\$0.30	11	00.140,000		
c. Paid			×	\$ 50	11	\$0.05	6	0 00
4. TOTAL FUNDS RECEIVED THIS MONTH	EIVED THIS MA	HLNC				20-20	413	\$ 19,541.500 SUDIDIDIS
				h 60	COMMENTS	ENTS		
c. HSA Payments (2+3)		是 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	164 164 CO					
			C7. 104-704	1	_			
e. Total Received			\$£2 467 2E					
and the contract we do to the the contract of	all de trace a second second	4 44 14 17 17 18	201,101,200					
editing that Dure word his without the fact of the first part of the seconds are available to support this claim, that it is in accordance with the terms of editing Agreement(s); I recognize that I will be fully responsible for any excess amounts which may result from encours or neglectful reporting herein. I FURTHER CERTIFY THAT ALL CLAIMS FOR REIMBURSEMENT ARE BASED UPON COMPLIANCE WITH THE DC HEALTHY SCHOOLS ACT REPORTING AS OUT MISS IN SCHOOLS IN SCHOOLS.	knowiebye and Delle nize that I will be full ENT ARE BASED UI	if, this claim is true a y responsible for an PON COMPLIANCE	nd correct in all n y excess amount WITH THE DC P	espects, the s which may HEALTHY S	it records are a 7 result from ea CHOOLS ACT	iler, this datin is true and correct in all respects, that records are available to support this claim, that it is in accordance with the terms of ulty responsible for any excess amounts which may result from enchecus or reglectful reporting herein. I FURTHER CERTIFY THAT AL UPON COMPLIANCE WITH THE DO HEALTHY SCHOOLS ACT REM INDEPENDENTS AS OUT MINES IN SECURIARY.	n, that it is in according herein, I FURTH	tance with the terms of IER CERTIFY THAT AL
206 OF THE LEGISLATION. THIS INCLUDES S	THIS INCLUDES SE	FRVING BREAKFAS	TIN THE CLASS	SROOM AN	D/OR ALTERN	BERVING BREAKFAST IN THE CLASSROOM AND/OR ALTERNATIVE SERVING MODELS AS REQUIRED BY THE ACT.	AS REQUIRED BY	NO ZUZ, ZUB, ZOB, AND THEACT.
Il receipts, invoices and other	evidence of purchase	must be retained an	i available for fut	ure audits fi	ar a nemind of fi	tree wears offer the down of the		
All receipts, invoices and other evidence of purchase must be retained and available for future audits for a period of three years after the date of the final submission of the final claim for the	evidence of purchase	must be refained an	i available for fut	ure audits fi	or a period of th	THE years after the date of the	AS KEQUIKED B)- 1°

Title of Authorized Representative

Print Name of Authorized Representativ

Signature of Authoriza

Date of Preparation

Government of the District of Columbia – Office of the State Superintendent of Education Wellness and Nutrition Services – Child and Adult Care Food Program CLAIM FOR REIMBURSMENT (AT-RISK AFTERSCHOOL CARE PROGRAM)

1. Agre	ement	Number	CACFP #:		PI	ace an "X" in the b	ox if this is an	Adjusted Claim
2. Name	e and A	ddress of Sp	onsor				_	
Name		DCPS				3. Claim Period	Month June	Year 201)
Addres	s	3535 V ST N	E			4. Number of Fo 5. Number of Pa	rticipants Atten	ding the At-Risk
City		Washington				count)	Claim Period (unduplicated head
State		DC	Zip Code	20018		Free (All participants'	meals will be reimburse	ed at the free rate.)
Contac Person Name	_	Jeffrey Mills				10,173		
Teleph	one #	202 574 760	3					
		of Program Ty laim Period	pes	7. Total At	tendance	······································	8. Average	Daily Attendance
	a. At-	Risk Snack			a. At-Risk S	inack		a. At-Risk Snack
100	b. At-	-Risk Suppers		88,603	b. At-Risk	Suppers	6816	b. At-Risk Suppers
(A) 88,60	03 X \$2	2.72 = \$241, 0	00.16 plus (F	B) 88,603 X \$	\$0.2025 = \$	17,942.107 = TOT	TAL EXPECTE	ED = \$ 258,942.26
9. a Numbe	r Partic	inants Served	in the Sunner	Program*: 10	173 b To	otal # of At-Risk Sup	ners Served: 88	603
	er Partic	ipants Served	• •			o. Total # of At-Risk		· · · · · · · · · · · · · · · · · · ·
		er conversation amended claim v				rt for May has been req	uested from DC Sta	ars., and will be forwarded
I certify that with the tern herein. I furt Centers are certify that t	to the be ns of exis ther certify submitte his claim	st of my knowledg ting agreements (: y that claims subtr d only for those ind and/or addendum	e and belief, this of a comments in the comments in the comments of the commen	claim is true and o at I will be fully res erved in Proprietar aving 25% or mor als served shall be	correct in all resp ponsible for any y TXIX Adult Da e participants re e submitted to th	excess amounts which n y Care Centers and Prop ceiving Title XIX/Title XX te State Agency by the 10	nay result from errors rietary TXX Child Da benefits enrolled for oth of the month, but	s claim that is in accordance leous or neglectful reporting by Care and Adult Day Care this claim period. I further no later than the legislatively in such claims not being paid.
the final clai	im for the	fiscal year to whic	h they pertain, or	longer if related to	o an audit or inv	estigation in progress.		e date of the final submission o
		other benefits may	/ be paid out unde		······	s completed and filed as		
Print Nar		101		oignature of		Representative & I		Title
1)0	nna	J. Sihe	un	When	WX T	hein 7/22) eputy greate

Office of the State Superintendent of Education Wellness and Nutrition Services Department Free Summer Meals Program

Claim for Reimbursement - Summer 2011

Instructions:

- Email the Claim for Reimbursement to:
- cardell.saunders@dc.gov
- Submit claim no later than the 10th of the month following the claim period.
- Retain a copy for your files.
- · See Instructions tab for additional instructions.

***** Complete Highlighted Cells Only *****

Sponsors that operate less than 10 days in the final month of operations must submit a combined claim for the final month and the immediate preceding month within 60 days of the last day of operation.

SECTION I - SPONSOR INFORMATION										
Sponsor Name :		Dis	trict of Colum	ibia Public Schools		Sponsor Number :				
Source of Meals (X): Rural / Self			f Prep			Other / Vended		X		
Claim Type (X) :	Original	X	Original Co	mbined		Revised		Revision #		
Claim Month / Year :			J	une/July 2011	Number of Sites Reporting :			44		
Number of Opera	ating Days	:	24		Average Da	Average Daily Participation (meals):			14	
Contact Person:	Person: Jeffrey Mills					Phone Number :			202.576.7400	
Email :	Jeffrey.Mills@dc.gov									

SECTION II - MEAL COUNT INFORMATION

- Fill in appropriate Meal Count table based on Source of Meals selected above.
- Second meals cannot exceed 2 percent of first meals served by meal type.

				Rural o	r Self Preparation Site	es	
¥	Meal Type	First Meals	Second Meals	2nd Meals No More than 2% ?	Total Meals	Reimbursement Rates	Total
) (E	Breakfast :	0		YES	0	\$1.8800	\$0.00
ABLE (HIGE	Lunch:	0		YES	0	\$3.2925	\$0.00
TABLE (HIG	Supper:	0		YES	0	\$3.2925	\$0.00
T	AM Snack:	0		YES	0	\$0.7750	\$0.00
	PM Snack:	0		YES	0	\$0.7750	\$0.00
	Evening Snack:	0		YES	0	\$0.7750	\$0.00
	Total Meals ·	0	0		0		\$0.00

				Ot	ther Types of Sites		
8	Meal Type	First Meals	Second Meals	2nd Meals No More than 2% ?	Total Meals	Reimbursement Rates	Total
1 (Breakfast:	63,187		YES	63,187	\$1.8450	\$116,580.02
LE OW	Lunch:	107,560		YES	107,560	\$3.2375	\$348,225.50
	Supper:	0		YES	0	\$3.2375	\$0.00
T,	AM Snack:	0		YES	0	\$0.7575	\$0.00
	PM Snack:	0		YES	0	\$0.7575	\$0.00
	Evening Snack:	0		YES	0	\$0.7575	\$0.00
	Total Meals :	170,747	0	YES	170,747		\$464,805.52

	REIMBURSEME	REIMBURSEMENT AMOUNT:		
* * * OSSE USE ONLY * * *	Adjustment / Revision	Month / Year	\$0.00	
OSSE USE ONLY	Adjustment / Revision	Month / Year	\$0.00	
	TOTAL REIMI	TOTAL REIMBURSMENT: \$464		

I certify that to the best of my knowledge and belief, this claim is true and correct in all respects, that records are available to support this claim, that it is in accordance with the terms of existing Agreements(s); I recognize that I will be fully responsible for any excess amounts which may result from erroneous or neglectful reporting herein. I FURTHER CERTIFY THAT ALL CLAIMS FOR REIMBURSEMENT SHALL BE SUBMITTED TO THE AGENCY BY THE 10th DAY OF THE MONTH but no later than the legislatively mandated deadline of 60 days after the end of the claim month. I understand that failure to submit claims within the 60-day deadline may result in such claims not being paid.

Signature of Authorized Representative

8/9/11 Date



SERVICE STATE OF THE SERVICE S		WELLN	IESS AND N	IUTRITI	ON	SERVIC	ES			
Agreement Number				Month		UG/SEPT		Year	2011	Amended
Sponsor Name	District of Col	umbia Public	Schools	Phone	_	02-480-08	33		12011	Yes
Address1	1200 First Stre			Fax	\top			1		
Address2				EMail	il Paula.Reichel@dc.gov		1			
City	Washington	State DC	ZIP	20018			I	,		
1. General Data		Lunch	Breakfast			Snack	Area Eligible Snack		ack	
a. Number of School	. Number of Schools Participating		10			11	0		2	
b. Number of School		121 28	28			8	0	28		
c. Enrollment		44365	5559		388	806	0	1377		
d. Total Monthly Atte	ndance	1149054	Maximum [Davs of	Days of d. Average Da		ilv			
e. Number Approved	for Free	28084	Meals Serv	-	· /× /		,	4	1038	
f. Number Approved		2518								
g. Average Daily Par		Breakfast	286	SN Brk	T	17676	Brk Total	Lunch	Snack	AE Snack
2. Student Lunch Pa					_		17962	26300	0	127
Lunch		Meals Served	Times	Rates	1		11002	20000		121
a. Free		512416	X	\$2.79	-	T	\$1,429,640.64	l		
b. Reduced		45874	X	\$2.39	╘		\$109,638.86			
c. Paid		178096	X	\$0.28	-		\$49,866.88	\$1.5	89 146 3	Subtotal
d. Total Student Lund	ches	736386		40.20			\$40,000.00	Ψ1,0	55,140.00	Joubtotal
3. Student Breakfas	t Participation		ement	1						
Regular Breakfast		Meals Served	Times	Rates	1					
a. Free		2247	X	\$1.51	=	Г	\$3,392.97			
b. Reduced		468	X	\$1.21	=		\$566.28			
c. Paid		5277	X	\$0.27				\$5.384.04	Subtotal	
Severe Need Breakf	ast	Meals Served	Times	Rates			V 1, 12 111 0		10,00	Toubtotal
d. Free		360513	X	\$1.80	=		\$648,923.40			
e. Reduced		29380	X	\$1.50	=		\$44,070.00			
f. Paid		105031	X	\$0.27	=		\$28,358.37	\$7	21.351.77	Subtotal
g. Total Student Brea	kfasts	502916					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Brk Total
4. Student Snacks F	Participation an	d Reimbursen	nent				'			I TO COL
Snacks		Meals Served	Times	Rates	1					
a. Free			X	*	=		\$0.00			
b. Reduced			X	\$0.38	=		\$0.00			
c. Paid			X	\$0.07	=		\$0.00			
d. Area Eligible Free		3563	X	\$0.76	=		\$2,707.88			
e. Total Student Snac	cks	3563							2.707.88	Subtotal
5. TOTAL FUNDS RE	ECEIVED THIS	MONTH				6. CASH	EXPENDITUR			
a. Student Payments						a. Food				124,646.57
b. Adult Payments						b. Labor	3375.4 539675			813,187.10
c. USDA Payments (2	2+3+4)	\$2,	318,590.07			c. Other				297,192.77
d. Other Receipts										
e. Total Received			318,590.07			d. Total I	xpenditures		\$4.	235,026.44
I certify that to the best of r	my knowledge and l	belief, this claim is	true and correc	ct in all res	spec	cts, that reco	rds are available to	support th	is claim, tha	at it is in
accordance with the terms	of existing Agreem	ent(s); I recognize	that I will be ful	ly respons	sible	for any exc	ess amounts which	n may result	from erron	eous or
neglectful reporting herein.	T FURTHER CERT	the legislatively	AIMS FOR RE	IMBURSE	EME	ENT SHALL	BE SUBMITTED 1	O THE STA	ATE AGENO	CY BY THE
0TH DAY OF THE MONT	n but no later than	trie legislatively ma	andated deadlir	ne or 60 d	ays	after the end	of the claim mont	n. I underst	and that fail	ure to submit

claims within the 60-day deadline may result in such claims not being paid.

All receipts, invoices and other evidence of purchase must be retained and available for future audits for a period of three years after the date of the final submission of the final claim for the fiscal year to which they pertain, or longer if related to an audit or investigation in progress.

Print Name of Authorized Representative

Title of Authorized Representative

Date of Preparation

Signature of Authorized Representative

HEALTHY SCHOOLS ACT CLAIM FORM

Claim Month	A	ugust / Sep	otembe	er	Year	2011		Amended	Yes
Sponsor Name	District of	Columbia	Public	Schools	Phone	202-	480-0833		
Address1	1200 First	Street, NE	11th		Fax				
Address2					EMail		a.reichel@dc.gov		
City	Washingto			State	DC	ZIP	20002		
1. General Data		Break		Lunch					
a. Number of Schools Participating		121		121					
b. Number of Days of School		28		28					
2. Student Lunch	7								
Participation and Reimbursement		T		Т	Τ_	7			
		Meals Se	erved	Times	Rates	_			
NSLP TOTAL LUNCHES SERVED		7363	86						
TOTAL INELIGIBLE MEALS		1202	20						
(per menu verification) HSA Eligible Meals SEC. 202 & 203		72430	66	Х	\$0.10	=	\$72,436.60	តា	
NSLP TOTAL REDUCED MEALS SERVE	<u> </u>	4587		X	\$0.10	+=	\$18,349.6		
NSLF TOTAL REDUCED WEALS SERVE		4307	4	_ ^	\$0.40		\$18,349.60		total - 1
3. Student Breakfast	٦						\$90,700.20	J Subi	lotal - 1
Participation and Reimbursement									
		Meals Se	erved	Times	Rates	7			
TOTAL Meals SEC. 202 & 203		50291	16	Х	\$0.10	=	\$50,291.60	0 Subt	total - 2
		,							
4. Local Distribution Credit	1								
(per menu verification)									
Edit checks for the month must be	Eligible Bre	reakfast 10		09518	\$0.05	=	\$5,475.90	5]	
submitted for breakfast and/or lunch if					-	+=	\$26,832.95	5	
meals are listed as eligible for the \$0.05 credit	Eligible Lun	cn	53	36659	\$0.05		Ψ20,032.30	1	
or our	Eligible Mea	als Local	64	16177	\$0.05	=	\$32,308.88	5 Subt	total - 3
5. FUNDS RECEIVED THIS MONTH									
Total BREAKFAST Reimbursement		\$55,767.50							
Total LUNCH Reimbursement		\$117,619.15		15					
TOTAL HSA REIMBURSEMENT		\$173,386.65							
I certify that to the best of my knowledge and be with the terms of existing Agreement(s); I reconstruction I FURTHER CERTIFY THAT ALL CLAI REQUIREMENTS AS OUTLINED IN SECLASSRO	ognize that I w IMS FOR REII CTIONS 202,	ill be fully res MBURSEME 203, 205, Al	sponsibl he ENT ARE ND 206	le for any e erein. E BASED U OF THE L	excess amou UPON COMP	nts wh PLIAN N. THI	ich may result from e CE WITH THE DC HE	rroneous or neglo	ectful reporting
All receipts, invoices and other evidence of submission of the final claim fo									
Parta E Reschel				Pro	gram		ordenato	_	
Print Name of Authorized Representative)			Title of A	uthorized I	Repre	sentative		
Mula 9/2				2/29	2112				
signature of Authorized Representative				Date of P	reparation				
, 9			L	Date of I	Toparation				
		OSS	E Offic	ce Use O	NLY				
Date Received:						MEN	TS:	POSTA PAGE	
TOTAL NSLP LUNCH:									
REDUCED LUNCH:									
H.S.A. ELIGIBLE LUNCHES:									
TOTAL NSLP BREAKFAST									
OCAL: B:									
OCAL: L:									



Agreement Number				Month	0	ctober		Year	2011	Amended
Sponsor Name	District of Col	umbia Public	Schools			2-480-08	33		1=0	Yes
Address1	1200 First Stre			Fax	T					
Address2		, , , , , , , , , , , , , , , , , , , ,		EMail	ba	aula.reiche	l@dc.gov			
City	Washington	State DC	ZIP	20002	11		l	ı		
1. General Data	<u> </u>	Lunch	Breakfast	SN Bre	ak	fast	Snack	Area Fli	Area Eligible Snack	
a. Number of School	s Participating	122	9		11		- Cricion	3		·OK
b. Number of School		18	18		1				18	
c. Enrollment	Daye	45360	4261			099		1916		
d. Total Monthly Atte	ndanaa	732951	Maximum E		• • • •	T	d Average De		T 1010	
e. Number Approved		23644	Meals Serv			18	d. Average Da Attendance	шу	4	0720
f. Number Approved		1102	ivieais Seiv	ice		l	Attendance	TVI1		
g. Average Daily Part	······································	Breakfast	276	SN Brk	_	18788	Brk Total	Lunch	Snack	AE Snack
2. Student Lunch Pa				ON DIK	I	10700	19064	27039	0	171
Lunch	articipation will	Meals Served		Rates	1		19004	21039		171
a. Free		355664	X	\$2.79	╘	T	¢002 202 EC			
							\$992,302.56			
b. Reduced c. Paid		28155	X	\$2.39	=	<u> </u>	\$67,290.45	A4.0	00 000 0	10.14.1
d. Total Student Lund		102882	^	\$0.28		<u> </u>	\$28,806.96	\$1,0	88,399.97	Subtotal
		486701								
3. Student Breakfast	t Participation	Meals Served		Dotoo	1					
Regular Breakfast a. Free		1459	Times X	Rates \$1.51	=	1	¢2 202 00			
b. Reduced		313	X	\$1.21	=		\$2,203.09			
c. Paid		3181	X	\$0.27	=		\$378.73		to 440 cc	NCb4a4a1
					H	<u> </u>	\$858.87		\$3,44U.6S	Subtotal
Severe Need Breakf	ast	Meals Served		Rates	<u> </u>	I	\$404.050.00			
d. Free		256585	X	\$1.80	=		\$461,853.00			
e. Reduced		19493	X	\$1.50	Ξ		\$29,239.50			
f. Paid	1.64-	62105	Χ	\$0.27	<u>=</u>	<u> </u>	\$16,768.35			Subtotal
g. Total Student Brea		343136	4				Į	\$5	11,301.54	Brk Total
4. Student Snacks P	rarticipation an			Datas	1					
Snacks		Meals Served	Times	Rates		T	00.00			
a. Free			X	\$0.76			\$0.00			
b. Reduced			X	\$0.38			\$0.00			
c. Paid			X	\$0.07			\$0.00			
d. Area Eligible Free		3077	Χ	\$0.76	=		\$2,338.52			
e. Total Student Snac		3077							` 	Subtotal
5. TOTAL FUNDS RE	ECEIVED THIIS	MONTH					EXPENDITUR	<u>ES THIS</u>		
a. Student Payments						a. Food				,119,173.16
b. Adult Payments						b. Labor				,266,412.25
c. USDA Payments (2	2+3+4)	\$1,	602,040.03			c. Other			\$	224,803.46
d. Other Receipts									T	
e. Total Received			602,040.03			d. Total E	Expenditures		\$3	,610,388.87
I certify that to the best of r	ny knowledge and l	belief, this claim is	true and correct	ct in all res	spec	cts, that reco	rds are available to	support th	is claim, th	at it is in
accordance with the terms neglectful reporting herein.										
10TH DAY OF THE MONTH but no later than the legislatively mandated deadline of 60 days after the end of the claim month. I understand that failure to submit claims within the 60-day deadline may result in such claims not being paid.										
All receipts, invoices and other evidence of purchase must be retained and available for future audits for a period of three years after the date of the final submission										
of the final claim for the fiscal year to which they pertain, or longer if related to an audit or investigation in progress.										
Paula Resched							Program		dinat	
Print Name of Authori	zed Representa	tive					Title of Authori:			
						_				

Date of Preparation

Signature of Authorized Representative

NSLP Claim for Reimbursement (Revised 2/05)

Government of the District of Columbia OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION - WELLNESS AND NUTRITION SERVICES HEALTHY SCHOOLS ACT CLAIM FORM

	HEAL	IHY SC	HOUL	_5 ACT	CLAIN I	-OKI	VI		
Claim Month		Octob			Year	2011	A A SA SERVICE AND A SERVICE SHOULD SERVICE AND A SERVICE	Amended	
Sponsor Name	District of	A ROLL SHOWS AND	Name of the Association (ASS)	c Schoo		202-	480-0833		
Address1	1200 First	Street, N	E 11th		Fax				
Address2				T-	EMail	16562 N. GOLGO	a.reichel@dc.gov	Committee of the Commit	
City	Washingt	INTERNATIONAL PROPERTY.		State	DC	ZIP	20002		
1. General Data		Break	ages and a second rese	Lunch					
a. Number of Schools Participating		12	and the second second	122					
b. Number of Days of School		18		18					
O Chudant I wash	1								
2. Student Lunch Participation and Reimbursement									
r articipation and Neimbursement		Meals S	arved	Times	Rates	1			
NSLP TOTAL LUNCHES SERVED		4867		IIIICS	Nates				
TOTAL INELIGIBLE MEALS		1000 10							
(per menu verification)		921	1						
HSA Eligible Meals SEC. 202 & 203		4774	90	X	\$0.10	=	\$47,749.00		
NSLP TOTAL REDUCED MEALS SERV	'ED	281	55	Х	\$0.40	=	\$11,262.00		
				l			\$59,011.00	Subto	tal - 1
3. Student Breakfast						į		In	
Participation and Reimbursement						7			
		Meals S	analysis and a very	Times	Rates				···
TOTAL Meals SEC. 202 & 203		3431	36	Х	\$0.10	=	\$34,313.60	Subto	tal - 2
	1								
4. Local Distribution Credit									
(per menu verification) Edit checks for the month must be	Eliaible Du			100F	40.05	=	\$4,194.75		
submitted for breakfast and/or lunch	Eligible Breakfast 8389		3895	\$0.05					
if meals are listed as eligible for the	Eligible Lunch 34:		5442	\$0.05	=	\$17,272.10			
\$0.05 credit	Eligible Me	als Local	42	9337	\$0.05	=	\$21,466.85	Subto	tal - 3
	-			,					
5. FUNDS RECEIVED THIS MONTH]			
Total BREAKFAST Reimbursement		\$3	8,508.3	35		-			
Total LUNCH Reimbursement		\$7	6,283.1	10					
TOTAL HSA REIMBURSEMENT		\$11	14,791.	45					
I certify that to the best of my knowledge an accordance with the terms of existing Agree I FURTHER CERTIFY THAT ALL CLAIM REQUIREMENTS AS OUTLINED IN SEC CLASSROOM	ment(s); I red S FOR REIM TIONS 202, 2	cognize that negl BURSEME 203, 205, A	t I will be ectful re ENT ARI ND 206	e fully resp porting he E BASED I OF THE L	onsible for a rein. UPON COM EGISLATIO	any exc IPLIAN IN. TH	ess amounts which r	nay result from e	erroneous or
All receipts, invoices and other evidence the final submission of the final claim Paula, Reichel				ey pertain					
Print Name of Authorized Representati	ve					Řepr	esentative		
Signature of Authorized Representative				Data of I	V / / / /				
Signature of Admiquized Representative]	Date of F	Preparatio				
Date Received TOTAL NSLP LUNCH REDUCED LUNCH; H S A, ELIGIBLE LUNCHES; TOTAL NSLP BREAKFAST		OSSI Parameter P	E Offic	e Use O		MENT	IS:		
LOCAL L								ete gaz v. 5 % A politik	

Unild and Adult Care Food Program (CACFP) Claim for Reimbursement

A a A b a	CACFP#:			Place an "X" in this box if this is an adjusted claim:							
Agreement Number:	NSLP #:										
Organization Contac	t Information										
Name:	DC Public Sc	hools		3. Claim Period:	Month:	October	Year:	2011			
Street Address: 1200 First Street, NE, 11 th Floor			4. Number of Foo	od Servic	e Operating Days:		18				
City:	Washington			Each Eligibility	/ Catego	AM TYPE a - h: Tota ry for This Claim P	eriod	•			
State:	DC	ZIP Code:	20002	Note: All participants at emergency shelters are classified as "I							
Name of Contact:	Paula Reiche	I		Free		Reduced-Price		Paid			
Contact Telephone #:	(202) 480-0833	3									
Total Number of Pro		7. To	tal Attendance		8. <i>A</i>	Average Daily Atter	ndance				
a. CCC a. CCC			a. CCC	a.CCC							
b. OSCHC b. OSCH			b. OSCHO		b. OSCHC						
	· · · · · · · · · · · · · · · · · · ·										

	Number of Program Types ated in This Claim Period	
	a. CCC	
	b. OSCHC	
	c. Head Start	
	d. TXX CCC	
	e. ADC	
	f. TXIX ADC	
	g. TXX ADC	
	h. Shelter	_
	i. At-Risk Snack	
) 9	j. At-Risk Breakfast/Lunch/Supper	

7. Total Attendance								
	a. CCC							
	b. OSCHC							
	c. Head Start							
	d. TXX CCC							
	e. ADC							
	f. TXIX ADC							
	g. TXX ADC							
	h. Shelter							
	i. At-Risk Snack							
159,100	j. At-Risk Breakfast/Lunch/Supper							

8. Avera	ge Daily Attendance
	a. CCC
	b. OSCHC
	c. Head Start
	d.TXX CCC
	e. ADC
	f. TXIX ADC
	g.TXX ADC
	h. Shelter
	i. At-Risk Snack
8,839	j. At-Risk Breakfast/Lunch/Supper

Breakfast	A.M. Snack	Lu	nch	P.M. Snack	Sı	ıpper
10. FOR AT-RISK PROGRAMS	ONLY: Total Participants	and Meals S	erved During This	Claim Period		
	Served an At-Risk Snack:			Number of At-Risk Snack	s Served:	
Number of Participants Ser	ved an At-Risk Breakfast:		Total Nun	nber of At-Risk Breakfast	s Served:	
Number of Participants Served	an At-Risk Lunch/Supper:	11,370	Total Number of	At-Risk Lunches/Supper	s Served:	135,133

). COMPLETE IF PROGRAM TYPE a - h: Total Number of Meals Served by Meal Type During This Claim Period

11. Other Notes:

certify that to the best of my knowledge and belief, this claim is true and correct in all respects, that records are available to support this claim, that is in accordance with the terms of existing Agreements(s); I recognize that I will be fully responsible for any excess amounts which may result from erroneous or neglectful reporting herein. I further certify that claims submitted for meals served in Proprietary TXIX Adult Day Care Centers and Proprietary TXX Child Day Care and Adult Day Care Centers are submitted only for those individual centers having 25% or more participants receiving Title XIX/Title XX benefits enrolled for this claim period. I further certify that this claim and/or addendum submitted for meals served shall be submitted to the State Agency by the 10th of the month, but no atter than the legislatively mandated deadline of 60 days after the end of the claim month. I understand that failure to submit claims within the 60 days may result in such claims not being paid.

All receipts, invoices and other evidence of purchase must be retained and available for future audits for a period of three years after the date of the final submission of the final claim for the fiscal year to which they pertain, or longer if related to an audit or investigation in progress.

No further monies or other benefits may be paid out under the program unless this report is completed and filed as required by existing regulations (7 CFR 226).

Print Name of Authorized Representative	Title	Signature of Authorized Representative	Date
Paula Reichel	Program Coordinator	Jama Effectul	12/12/11



***************************************		WELLN	ESS AND N					T	·	
Agreement Number					_	<u>ovember</u>		Year	2011	Amended
Sponsor Name	District of Col	umbia Public	Schools		20	<u> </u>	33			
Address1	1200 First Stre	et, NE, 11th F	loor	Fax						
Address2				EMail	pa	ula.reich	el@dc.gov			
City	Washington	State DC	ZIP	20002						
1. General Data		Lunch	Breakfast	SN Bre	ak	fast	Snack	Area Eli	gible Sna	ıck
a. Number of School	s Participating	122	9		11	3			3	
b. Number of School	Days	19	19		19	9			19	
c. Enrollment		44555	3781	4	107	74			1590	
d. Total Monthly Atte	ndance	729632	Maximum [Days of		19	d. Average Da	aily	2	8402
e. Number Approved	for Free	23763	Meals Serv	ice		19	Attendance		3	0402
f. Number Approved	for Reduced	1141								
g. Average Daily Par	ticipation	Breakfast	301	SN Brk		18892	Brk Total	Lunch	Snack	AE Snack
2. Student Lunch Pa		Reimbursen	nent		•		19193	26901	0	174
Lunch		Meals Served		Rates					·	
a. Free		383194	Х	\$2.79	=		\$1,069,111.26			
b. Reduced		31777	Х	\$2.39	╘		\$75,947.03			
c. Paid		96155	Х	\$0.28	Ξ		\$26,923.40		71.981.69	Subtotal
d. Total Student Lunc	ches	511126		700	l		+20,020110	¥ .,.	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3. Student Breakfas			sement							
Regular Breakfast		Meals Served		Rates						
a. Free		1681	Х	\$1.51	=		\$2,538.31			
b. Reduced		406	Х	\$1.21	=		\$491.26			
c. Paid		3631	Х	\$0.27	=		\$980.37		\$4,009.94	Subtotal
Severe Need Breakt	ast	Meals Served	Times	Rates		·				
d. Free		279543	Χ	\$1.80	=		\$503,177.40			
e. Reduced		21773	Х	\$1.50	=		\$32,659.50			
f. Paid		57630	X	\$0.27	=		\$15,560.10	\$5	51.397.00	Subtotal
g. Total Student Brea	kfasts	364664					4 10 , 000			Brk Total
4. Student Snacks F			ment				'			1-11 10101
Snacks		Meals Served	Times	Rates						
a. Free			Χ	\$0.76	=		\$0.00			
b. Reduced			Х	\$0.38	=		\$0.00			
c. Paid			Х	\$0.07	=		\$0.00			
d. Area Eligible Free		3305	Х	\$0.76	=		\$2,511.80			
e. Total Student Snac	cks	3305				***************************************		(2,511.80	Subtotal
5. TOTAL FUNDS RI						6. CASH	EXPENDITUR			
a. Student Payments						a. Food			\$1,	750,059.67
b. Adult Payments						b. Labor			\$1,	499,313.60
c. USDA Payments (2	2+3+4)	\$1,	729,900.43			c. Other			\$	286,287.38
d. Other Receipts										
e. Total Received		\$1,	729,900.43			d. Total	Expenditures		\$3,	535,660.65
I certify that to the best of n accordance with the terms neglectful reporting herein. 10TH DAY OF THE MONT	of existing Agreeme I FURTHER CERT H but no later than	ent(s); I recognize IFY THAT ALL CL the legislatively ma	that I will be ful . AIMS FOR RE andated deadlir	ly respons IMBURSE	ible ME	for any exc NT SHALL	ess amounts which	may result O THE STA	from errone	ous or Y BY THE
claims within the 60-day de										
All receipts, invoices and of of the final claim for the fisc	-							after the dat	te of the fina	l submission

Print Name of Authorized Representative

Signature of Authorized Representative

Program Coordinator
Title of Authorized Representative

12/9/1\
Date of Preparation

Government of the District of Columbia OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION - WELLNESS AND NUTRITION SERVICES HEALTHY SCHOOLS ACT CLAIM FORM

				~	We work a vice of		••		
Claim Month		Novem	ber		Year	2011		Amended	
Sponsor Name	District of	Columbia	a Public	Schoo	Phone	202-	480-0833		
Address1	1200 First	Street, N	E 11th		Fax				
Address2					EMail	paula	a.reichel@dc.gov		
City	Washingto	on		State	DC	ZIP	20002		
1. General Data		Break	fast	Lunch				<u>.</u>	
a. Number of Schools Participating		12:		122					
b. Number of Days of School		19		19					
b. Number of Days of School		19		19					
0.00	1								
2. Student Lunch									
Participation and Reimbursement					T	1			
		Meals S	erved	Times	Rates				
NSLP TOTAL LUNCHES SERVED		5111	26						
TOTAL INELIGIBLE MEALS		2239	30						
(per menu verification)		223:	19						
HSA Eligible Meals SEC. 202 & 203		4887	27	Х	\$0.10	=	\$48,872.70	1	
NSLP TOTAL REDUCED MEALS SERV	ED	3177	77	X	\$0.40	=	\$12,710.80	1	
		L			l	1	\$61,583.50		tal - 1
3. Student Breakfast	1							1 34510	
Participation and Reimbursement									
. a. norpation and itemporatement	L	Meals S	erved	Times	Rates	1			
TOTAL Meals SEC. 202 & 203		3646	64	X	\$0.10	=	\$36,466.40	Subto	tal - 2
1017 IZ Wodio 020. 202 & 200		0040			ψ0.10	L	φου, του. το	_ Gubic	rtai - Z
4. Local Distribution Credit	1								
(per menu verification) Edit checks for the month must be						T	CO 040 40	1	
	Eligible Bre	eakfast	66	802	\$0.05	=	\$3,340.10		
submitted for breakfast and/or lunch	Eligible Lui	nch	36	1794	\$0.05	=	\$18,089.70	Ī	
if meals are listed as eligible for the			30	1734	\$0.03	ļ			
\$0.05 credit	Eligible Me	als Local	428	3596	\$0.05	=	\$21,429.80	Subto	tal - 3
								<u> </u>	
5. FUNDS RECEIVED THIS MONTH									
Total BREAKFAST Reimbursement		\$3	9,806.5	0		•			
Total LUNCH Reimbursement		\$7	9,673.2	0					
TOTAL HSA REIMBURSEMENT			 19,479.7						
TOTAL TICA KLIMBOROLIMENT		Ψ'	10,410.1						
I certify that to the best of my knowledge an accordance with the terms of existing Agree I FURTHER CERTIFY THAT ALL CLAIM REQUIREMENTS AS OUTLINED IN SEC CLASSROOM	ement(s); I red S FOR REIM TIONS 202, 2	cognize tha negl IBURSEME 203, 205, A	t I will be ectful rep ENT ARE ND 206 (fully responding he BASED OF THE I	oonsible for a rein. UPON COM LEGISLATIO	any exc IPLIAN IN. Ti	cess amounts which	may result from	erroneous or
All receipts, invoices and other evidence the final submission of the final claim									
Print Name of Authorized Representat	ive			Production of a	2 CCM Authorized	<u>Ug</u> I Rep	ord snator resentative		
Party Red Signature of Authorized Representative	е				RIJIA Preparatio	n			
Date Received: TOTAL NSLP LUNCH: REDUCED LUNCH: H.S.A. ELIGIBLE LUNCHES: TOTAL NSLP BREAKFAST LOCAL: B: LOCAL: L:		OSS	E Offic	e Use (IMEN	TS:		

Child and Adult Care Food Program (CACFP) Claim for Reimbursement

4. A super super surf. No super super	CACFP#:				
1. Agreement Number:	NSLP #:				
2. Organization Contact	Information				
Name:	DC Public So	chools			
Street Address:	1200 First St	treet, NE, 11 th F	loor		
City:	Washington				
State:	DC	ZIP Code:	20002		
Name of Contact:	Paula Reiche	əl			
Contact Telephone #:	(202) 480-083	3			

Place an "X" in this box if this is an adjusted claim:

3. Claim Period:	Month:	November	Year:	2011				
4. Number of Food Service Operating Days: 19								
5. COMPLETE IF PROGRAM TYPE a - h: Total Participants in Each Eligibility Category for This Claim Period Note: All participants at emergency shelters are classified as "Free."								
Each Eligibility	/ Categor	y for This Claim F	eriod	•				
Each Eligibility	Categor	y for This Claim F	Period e classifie	•				

	ımber of Program Types d in This Claim Period
	a.CCC
	b. OSCHC
	c. Head Start
	d. TXX CCC
	e. ADC
	f. TXIX ADC
	g. TXX ADC
	h. Shelter
	i. At-Risk Snack
99	j. At-Risk Breakfast/Lunch/Supper

7. Total A	ttendance
	a. CCC
	b. OSCHC
	c. Head Start
	d. TXX CCC
	e. ADC
	f. TXIX ADC
	g. TXX ADC
	h. Shelter
	i. At-Risk Snack
181,509	j. At-Risk Breakfast/Lunch/Supper

	a. CCC
	b. OSCHC
	c. Head Start
	d. TXX CCC
	e. ADC
	f. TXIX ADC
	g. TXX ADC
	h. Shelter
	i. At-Risk Snack
9,533	j. At-Risk Breakfast/Lunch/Supper

9. COMPLETE IF PROGRAM TYPE a – h: Total Number of Meals Served by Meal Type During This Claim Period							
Breakfast	A.M. Snack	Lunch	P.M. Snack	Supper			

10. FOR AT-RISK PROGRAMS ONLY: Total Participants and Meals Served During This Claim Period							
Number of Participants Served an At-Risk Snack: Total Number of At-Risk Snacks Served:							
Number of Participants Served an At-Risk Breakfast:		Total Number of At-Risk Breakfasts Served:					
Number of Participants Served an At-Risk Lunch/Supper:	11,958	Total Number of At-Risk Lunches/Suppers Served:	149,586				

11. Other Notes:

I certify that to the best of my knowledge and belief, this claim is true and correct in all respects, that records are available to support this claim, that is in accordance with the terms of existing Agreements(s); I recognize that I will be fully responsible for any excess amounts which may result from erroneous or neglectful reporting herein. I further certify that claims submitted for meals served in Proprietary TXIX Adult Day Care Centers and Proprietary TXX Child Day Care and Adult Day Care Centers are submitted only for those individual centers having 25% or more participants receiving Title XIX/Title XX benefits enrolled for this claim period. I further certify that this claim and/or addendum submitted for meals served shall be submitted to the State Agency by the 10th of the month, but no later than the legislatively mandated deadline of 60 days after the end of the claim month. I understand that failure to submit claims within the 60 days may result in such claims not being paid.

All receipts, invoices and other evidence of purchase must be retained and available for future audits for a period of three years after the date of the final submission of the final claim for the fiscal year to which they pertain, or longer if related to an audit or investigation in progress.

No further monies or other benefits may be paid out under the program unless this report is completed and filed as required by existing regulations (7 CFR 226).

Print Name of Authorized Representative	Title	Signature of Authorized Representative	Date		
Paula Reichel	Program Coordinator	Jawa Offen	1/9/12		



Agreement Number		•		Month	De	ecember		Year	2011	Amended
Sponsor Name	District of Col	umbia Public Schools		Phone	20	2-480-08	33			
Address1	1200 First Stre	et, NE, 11th F	loor	Fax						
Address2			· · · · · ·	EMail	ра	ula.reiche	el@dc.gov			
City	Washington	State DC	ZIP	20002				•		
1. General Data		Lunch	Breakfast	SN Bre	akt	fast	Snack	Area Eli	gible Sna	ck
a. Number of School	s Participating	122	9		11	3			3	
b. Number of School	Days	14	14		14	4			14	
c. Enrollment		44,308	3760		406	02		·	1592	
d. Total Monthly Atte	ndance	522434	Maximum E	ays of		14	d. Average Da	ily	2.	7317
e. Number Approved	I for Free	23690	Meals Servi	ice		1-7	Attendance		3,	1317
f. Number Approved	for Reduced	1205								
g. Average Daily Par	ticipation	Breakfast	283	SN Brk		18472	Brk Total	Lunch	Snack	AE Snack
2. Student Lunch Pa	articipation and	l Reimbursem	ent				18755	26337	0	183
Lunch		Meals Served		Rates						
a. Free		279106	X	\$2.79	=		\$778,705.74			
b. Reduced		23704	Х	\$2.39	=		\$56,652.56			
c. Paid		65914	X	\$0.28	11		\$18,455.92	\$8	53,814.22	Subtotal
d. Total Student Lund	ches	368724								<u></u>
3. Student Breakfas	t Participation	and Reimburs	ement		_					
Regular Breakfast		Meals Served	Times	Rates						
a. Free		1121	X	\$1.51	II		\$1,692.71			
b. Reduced		295	X	\$1.21	=	L	\$356.95			
c. Paid		2538	X	\$0.27	П		\$685.26	·	\$2,734.92	Subtotal
Severe Need Breakt	fast	Meals Served	Times	Rates						
d. Free		203273	X	\$1.80	H		\$365,891.40			
e. Reduced		16121	X	\$1.50	1		\$24,181.50			
f. Paid		39203	X	\$0.27	==		\$10,584.81	\$4	00,657.71	Subtotal
g. Total Student Brea	akfasts	262551						\$4	03,392.63	Brk Total
4. Student Snacks F	Participation an	d Reimburser	nent		_					
Snacks		Meals Served	Times	Rates						
a, Free			X	\$0.76			\$0.00			
b. Reduced	· · · · · · · · · · · · · · · · · · ·		X	\$0.38			\$0.00			
c. Paid			Х	\$0.07	=		\$0.00			
d. Area Eligible Free		2559	X	\$0.76	11		\$1,944.84			
e. Total Student Snac	cks	2559							\$1,944.84	Subtotal
5. TOTAL FUNDS R	ECEIVED THIS	MONTH				6. CASH	EXPENDITUR	ES THIS	MONTH	
a. Student Payments		,				a. Food		,	\$1,	188,987.01
b. Adult Payments						b. Labor			\$1,	650,711.52
c. USDA Payments (2	2+3+4)	\$1,	259,151.69			c. Other			\$	282,976.53
d. Other Receipts										
e. Total Received			259,151.69				Expenditures		\$3,	122,675.06
I certify that to the best of										
accordance with the terms neglectful reporting herein.										

10TH DAY OF THE MONTH but no later than the legislatively mandated deadline of 60 days after the end of the claim month. I understand that failure to submit claims within the 60-day deadline may result in such claims not being paid.

All receipts, invoices and other evidence of purchase must be retained and available for future audits for a period of three years after the date of the final submission of the final claim for the fiscal year to which they pertain, or longer if related to an audit or investigation in progress.

Print Name of Authorized Representative

Title of Authorized Representative

gnature of Authorized Representative

Date of Preparation

Child and Adult Care Food Program (CACFP) Claim for Reimbursement

	CACFP #:			Place	an "X" in	this box if this is an	adjusted	d claim:	
. Agreement Number:	NSLP #:								
2. Organization Contact	t Information								
Name:	DC Public Sc	hools		3. Claim Period:	Month:	December	Year:	2011	
Street Address:	s: 1200 First Street, NE, 11 th Floor			4. Number of Food Service Operating Days:				15	
City:	Washington					AM TYPE a - h: Totary Ty for This Claim Po		ipants in	
State:	DC	ZIP Code:	20002			nergency shelters are		d as "Free."	
Name of Contact:	Paula Reiche	el		Free		Reduced-Price	F	Paid	
Contact Telephone #:	(202) 480-083	3							
6.Total Number of Pro							_		
Operated in This Cla	im Period	7. To	tal Attendance		8. <i>E</i>	verage Daily Atter	idance		

6.Total Number of Program Types Operated in This Claim Period					
	a. CCC				
	b. OSCHC				
	c. Head Start				
	d. TXX CCC				
	e. ADC				
	f. TXIX ADC				
	g. TXX ADC				
	h. Shelter				
	i. At-Risk Snack				
97	j. At-Risk Breakfast/Lunch/Supper				

7. Total Attendance						
	a. CCC					
	b. OSCHC					
	c. Head Start					
	d. TXX CCC					
	e. ADC					
	f. TXIX ADC					
	g. TXX ADC					
	h. Shelter					
	i. At-Risk Snack					
131,726	j. At-Risk Breakfast/Lunch/Supper					

8. Average Daily Attendance					
	a. CCC				
	b. OSCHC				
	c. Head Start				
	d. TXX CCC				
	e. ADC				
	f. TXIX ADC				
	g. TXX ADC				
	h. Shelter				
	i. At-Risk Snack				
8,782	j. At-Risk Breakfast/Lunch/Supper				

COMPLETE IF PROGRAM TYPE a – h: Total Number of Meals Served by Meal Type During This Claim Period						
Breakfast	A.M. Snack	Lunch	P.M. Snack	Supper		

10. FOR AT-RISK PROGRAMS ONLY: Total Participants and Meals Served During This Claim Period						
Number of Participants Served an At-Risk Snack:		Total Number of At-Risk Snacks Served:				
Number of Participants Served an At-Risk Breakfast:		Total Number of At-Risk Breakfasts Served:				
Number of Participants Served an At-Risk Lunch/Supper:	12,131	Total Number of At-Risk Lunches/Suppers Served:	105,106			

11. Other Notes:

I certify that to the best of my knowledge and belief, this claim is true and correct in all respects, that records are available to support this claim, that is in accordance with the terms of existing Agreements(s); I recognize that I will be fully responsible for any excess amounts which may result from erroneous or neglectful reporting herein. I further certify that claims submitted for meals served in Proprietary TXIX Adult Day Care Centers and Proprietary TXX Child Day Care and Adult Day Care Centers are submitted only for those individual centers having 25% or more participants receiving Title XIX/Title XX benefits enrolled for this claim period. I further certify that this claim and/or addendum submitted for meals served shall be submitted to the State Agency by the 10th of the month, but no later than the legislatively mandated deadline of 60 days after the end of the claim month. I understand that failure to submit claims within the 60 days may result in such claims not being paid.

All receipts, invoices and other evidence of purchase must be retained and available for future audits for a period of three years after the date of the final submission of the final claim for the fiscal year to which they pertain, or longer if related to an audit or investigation in progress.

No further monies or other benefits may be paid out under the program unless this report is completed and filed as required by existing regulations (7 CFR 226).

Print Name of Authorized Representative	/e Title	Signature of Authorized Representative	e Date
Paula Reichel	Program Coordinator	Paule Mil	2/1/12



Agreement Number				Month	Ja	nuary		Year	2012	Amended
Sponsor Name	District of Col	umbia Public	Phone	202-480-0833						
Address1	1200 First Stre	et, NE, 11th F	Fax							
Address2				EMail	ра	ula.reiche	el@dc.gov			
City	Washington	State DC	ZIP	20002				l		
1. General Data		Lunch	Breakfast		akt	fast	Snack	Area Fli	gible Sna	ck
a. Number of School	s Participating	122	9	0.1.	11			Area Eligible Snack 3		
b. Number of School		20	20		20			20		
c. Enrollment	Баус	44,777	3770		410				1583	
		 			710		al A	.:	1000	
d. Total Monthly Atte		809480	Maximum E			20	d. Average Da	ally	40	0474
e. Number Approved		28084	Meals Serv	ice		<u> </u>	Attendance		<u> </u>	
f. Number Approved		2518		01101	ı		1		Ta .	1.50
g. Average Daily Par		Breakfast	293	SN Brk		18449	Brk Total	Lunch	Snack	AE Snack
2. Student Lunch P	articipation and				1		18742	26649	0	159
Lunch	······	Meals Served		Rates	_	/		1		
a. Free		406501	Χ	\$2.79			\$1,134,137.79			
b. Reduced		34970	Х	\$2.39	=		\$83,578.30	•		
c. Paid		91507	Χ	\$0.28	=		\$25,621.96	\$1,2	<u> 43,338.05</u>	Subtotal
d. Total Student Lund		532978								
3. Student Breakfas	t Participation									
Regular Breakfast		Meals Served		Rates				i		
a. Free		1727	Х	\$1.51	=		\$2,607.77			
b. Reduced		420	Х	\$1.21	=		\$508.20			
c. Paid		3703	Х	\$0.27	=		\$999.81	,	\$4,115.78	Subtotal
Severe Need Breakt	fast	Meals Served	Times	Rates						
d. Free		291429	Χ	\$1.80	=		\$524,572.20			
e. Reduced		23364	Χ	\$1.50	=		\$35,046.00			
f. Paid		54177	Х	\$0.27	=		\$14,627.79	\$57	74,245.99	Subtotal
g. Total Student Brea	ıkfasts	374820						\$57	78,361.77	Brk Total
4. Student Snacks F	Participation ar	nd Reimburse	ment				•			
Snacks		Meals Served	Times	Rates						
a. Free			Х	\$0.76	=		\$0.00			
b. Reduced			Х	\$0.38	=		\$0.00			
c. Paid			Х	\$0.07	=		\$0.00			
d. Area Eligible Free		3178	Х	\$0.76	=		\$2,415.28			
e. Total Student Snac	cks	3178						(2,415.28	Subtotal
5. TOTAL FUNDS R	ECEIVED THIS	MONTH				6. CASH	EXPENDITUR	ES THIS	MONTH	
a. Student Payments						a. Food			\$1,0	670,567.14
b. Adult Payments					Ī	b. Labor				463,884.52
c. USDA Payments (2	2+3+4)	\$1.	824,115.10		-	c. Other				204,876.56
d. Other Receipts					Ī					
e. Total Received		\$1.	824,115.10		ı	d. Total I	Expenditures		\$3.	339,328.22
I certify that to the best of r	ny knowledge and b			t in all res				support this		
accordance with the terms				•		•		•		I
neglectful reporting herein.										
10TH DAY OF THE MONT claims within the 60-day de				ne of 60 da	ays a	after the end	d of the claim mont	h. I underst	and that failu	ire to submit
All receipts, invoices and of the final claim for the fiscal	_					-		after the dat	e of the final	submission of
Paula E.	Reichel						Progra	m Co	erden	aler
Print Name of Author	ized Representa	ative				ľ	Title of Authori			
A CONTRACTOR	1 1	·····				į.				·
(Vanlus	3//						2/9/18	——— 头		
Signature of Authorize	ed Representati	ve					Date of Prepar	ation		

Child and Adult Care Food Program (CACFP) Claim for Reimbursement

L Agraamant Number	CACFP #:	CACFP #:		Place	an "X" in	this box if this is an	adjuste	d claim:
I. Agreement Number:	NSLP #:							
2. Organization Contact	t Information							
Name:	DC Public Sc	chools		3. Claim Period:	Month:	January	Year:	2012
Street Address:	1200 First St	1200 First Street, NE, 11 th Floor		4. Number of Foo	4. Number of Food Service Operating Days:			
City:	Washington			I I		M TYPE a - h: Tota y for This Claim Po		ipants in
State:	DC	ZIP Code:	20002			nergency shelters are		d as "Free.
Name of Contact:	Paula Reiche	el		Free	I	Reduced-Price		Paid
Contact Telephone #:	(202) 480-083	3						
6.Total Number of Pro		7 Т-	tal Attandance			waren Deily Atten		

6.Total Number of Program Types Operated in This Claim Period					
	a. CCC				
	b. OSCHC				
	c. Head Start				
	d. TXX CCC				
	e. ADC				
	f. TXIX ADC				
	g. TXX ADC				
	h. Shelter				
	i. At-Risk Snack				
97	j. At-Risk Breakfast/Lunch/Supper				

7. Total Attendance							
	a. CCC						
	b.OSCHC						
	c. Head Start						
	d.TXX CCC						
	e.ADC						
	f. TXIX ADC						
	g.TXX ADC						
	h. Shelter						
	i. At-Risk Snack						
188,414	j. At-Risk Breakfast/Lunch/Supper						

8. Averag	ge Daily Attendance
	a. CCC
	b. OSCHC
	c. Head Start
	d. TXX CCC
	e. ADC
	f. TXIX ADC
	g. TXX ADC
	h. Shelter
	i. At-Risk Snack
9,421	j. At-Risk Breakfast/Lunch/Supper

9. COMPLETE IF PROGRAM TYPE a – h: Total Number of Meals Served by Meal Type During This Claim Period					
Breakfast A.M. Snack		Lunch	Lunch P.M. Snack		

10. FOR AT-RISK PROGRAMS ONLY: Total Participants and Meals Served During This Claim Period						
Number of Participants Served an At-Risk Snack:		Total Number of At-Risk Snacks Served:				
Number of Participants Served an At-Risk Breakfast:		Total Number of At-Risk Breakfasts Served:				
Number of Participants Served an At-Risk Lunch/Supper:	12,462	Total Number of At-Risk Lunches/Suppers Served:	149,335			

11. Other Notes:

I certify that to the best of my knowledge and belief, this claim is true and correct in all respects, that records are available to support this claim, that is in accordance with the terms of existing Agreements(s); I recognize that I will be fully responsible for any excess amounts which may result from erroneous or neglectful reporting herein. I further certify that claims submitted for meals served in Proprietary TXIX Adult Day Care Centers and Proprietary TXX Child Day Care and Adult Day Care Centers are submitted only for those individual centers having 25% or more participants receiving Title XIX/Title XX benefits enrolled for this claim period. I further certify that this claim and/or addendum submitted for meals served shall be submitted to the State Agency by the 10th of the month, but no later than the legislatively mandated deadline of 60 days after the end of the claim month. I understand that failure to submit claims within the 60 days may result in such claims not being paid.

All receipts, invoices and other evidence of purchase must be retained and available for future audits for a period of three years after the date of the final submission of the final claim for the fiscal year to which they pertain, or longer if related to an audit or investigation in progress.

No further monies or other benefits may be paid out under the program unless this report is completed and filed as required by existing regulations (7 CFR 226).

Print Name of Authorized Representative	Title	Signature of Authorized Representative	Date
Paula Reichel	Program Coordinator	Jank Huchil	2/2/1/2



Agreement Number			Month	February			Year	2012	Amended	
Sponsor Name	District of Colu	umbia Public Schools				202-480-0833				
Address1	1200 First Stre	et, NE, 11th F	loor	Fax						
Address2				EMail paula.reichel		el@dc.gov				
City	Washington	State DC	ZIP	20002				•		
1. General Data		Lunch	Breakfast	SN Bre	akt	fast	Snack	Area Eligible Snack		
a. Number of School	s Participating	122	9	113			3			
b. Number of School	Days	18	18	18				18		
c. Enrollment		44,727	3766	40961				1576		
d. Total Monthly Atte	ndance	697708	Maximum D	Days of 18		d. Average Da	aily	38762		
e. Number Approved	for Free	28084	Meals Servi	/ice		10	Attendance	38762		
f. Number Approved	for Reduced	2518								
g. Average Daily Par	ticipation	Breakfast	292	SN Brk		18925	Brk Total	Lunch	Snack	AE Snack
2. Student Lunch P	articipation and	l Reimbursem	ent				19217	27294	0	163
Lunch		Meals Served	Times	Rates						
a. Free		374113	X	\$2.79	=		\$1,043,775.27			
b. Reduced		32317	Х	\$2.39	=		\$77,237.63			
c. Paid		84859	X	\$0.28	=		\$23,760.52	\$1,1	44,773.42	Subtotal
d. Total Student Lund	ches	491289								
3. Student Breakfas	t Participation	and Reimburs	sement							
Regular Breakfast		Meals Served	Times	Rates	1					
a. Free		1597	X	\$1.51	=		\$2,411.47			
b. Reduced		389	X	\$1.21	=		\$470.69			
c. Paid		3259	Х	\$0.27	=		\$879.93	,	\$3,762.09	Subtotal
Severe Need Break	fast	Meals Served	Times	Rates						
d. Free		269537	Х	\$1.80	=		\$485,166.60			
e. Reduced		21315	X	\$1.50	==		\$31,972.50			
f. Paid		49791	Х	\$0.27	=		\$13,443.57		30,582.67	Subtotal
g. Total Student Brea		345888		-				\$5	34,344.76	Brk Total
4. Student Snacks F	Participation an	d Reimburser	ment							
Snacks		Meals Served		Rates						
a. Free			X	\$0.76			\$0.00			
b. Reduced			Х		=		\$0.00			
c. Paid			Х				\$0.00			
d. Area Eligible Free		2928	X	\$0.76	=		\$2,225.28			
e. Total Student Sna	cks	2928						,	\$2,225.28	Subtotal
5. TOTAL FUNDS RECEIVED THIS MONTH				6. CASH	EXPENDITUR	ES THIS	MONTH			
 a. Student Payments 						a. Food			\$1,	,967,227.04
b. Adult Payments						b. Labor			\$1,	,312,278.77
c. USDA Payments (2+3+4)	\$1	,681,343.46			c. Other			\$	203,124.12
d. Other Receipts										
e. Total Received			,681,343.46				Expenditures			,482,629.93
I certify that to the best of accordance with the terms										
neglectful reporting herein										I
	TH DAY OF THE MONTH but no later than the legislatively mandated deadling of 60 days after the end of the claim month. Lunderstand that failure to submit									

AY OF THE MONTH but no later than the legislatively mandated deadline of 60 days after the end of the claim month. I understand that failure to submit claims within the 60-day deadline may result in such claims not being paid.

All receipts, invoices and other evidence of purchase must be retained and available for future audits for a period of three years after the date of the final submission of the final claim for the fiscal year to which they pertain, or longer if related to an audit or investigation in progress.

Print Name of Authorized Representative Signature of Authorized Representative

NSLP Claim for Reimbursement (Revised 2/05)

Title of Authorized Representative